For Faster Processing: Call 855-477-1129

Or Return form by:

• Fax: 1 (863) 797-1396

• Mail: Cardholder Services Center

Dispute Processing PO BOX 636001

Highlands Ranch, CO 80163-6001



FRAUDULENT TRANSACTION DISPUTE FORM

Today's (claim)) date: (MM/DD/YYYY)		
Cardholder Na	me		
Visa Card Num	nber on which disputed transact	ion occurred	
Cardholder Pho	one Number		
Address 1: Address 2:			
City		State	Zip
I certify that my Lost (0)		not received (2) Counterfeit, ions were not made by me or anyone a	card present (4)
Date:	Amount:	Merchant:	
those iden I cer iden Trar inclu Trar third inve	e subsequent transactions to rtify that I did not use and utified above. I also certify insactions. I have made avoiding any information regard insactions. I authorize you diparties in connection with instigation. I agree to cooper consible for fraudulently use	that I did not authorize anyone of that I did not authorize anyone of that I did not receive any value of that I did not receive any value of the above all information and arding the identity of the person of the share the above information of the Dispute the any investigation of the Disputerate in any such investigation and	else to use my card for the Disputed Transactions or benefit in connection with the Disputed Transactions of suspicions I have about the Disputed Transactions who wrongfully used my card for the Disputed with law enforcement, banking regulators and other ed Transactions, including any criminal and in the prosecution of any person believed to be pute Form is true and correct.
Card	dholder signature		 Date

Publix Fraud Dispute Form Updated 10/06/14

Additional Fraud:

CARD	PAGE	OF	

Date:	Amount:	Merchant:
Date:	Amount:	Merchant:

Publix Fraud Dispute Form Updated 10/06/14