



# Online ICD Dispute Smart Form User Guide – Fleet Mastercard

5/30/2019

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## Revision Table

Date	Version	Author	Notes
01/19/2018	1.0	Steven Harris, Mayra Giron	Added document to new template.

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*\*If you are viewing this document on a computer, each title in the table of contents is a link. Click on a title to go directly to that chapter.*

## Overview

In an effort to streamline Mastercard disputes, Comdata has developed a new Online Dispute Smart Form within iConnectData (ICD).

The Online Dispute Smart Form is dynamic in the sense that it generates a unique form with required information based on your selected reason for dispute. These specific forms can help you and Comdata understand the necessary information needed to file your dispute. You can also download a PDF of the dispute after it is submitted for your records.

This document is intended to walk you through filing a dispute through ICD using each of the unique forms.

**Note:** If you are the company administrator, you may submit dispute forms through our secure ICD website on the cardholder's behalf without obtaining a signature. Doing so confirms that you have a relationship with the cardholder and that the transaction is being disputed by the authorized user. Submitting the dispute via a secure site satisfies the Mastercard signature requirements.

The following verbiage regarding this rule is located on each form: "We certify that this information was obtained via a secure website, and is being disputed by the authorized user."

## Dispute Process

Before you can process a dispute, you must run a Real Time Transaction History report in ICD to locate the appropriate transaction(s). To access this page:

### Manage > Transactions > Real Time Transaction History

1. On the Transaction History page, enter the required information to run a report. Note that only Posted transactions can be disputed. Select Submit when finished.

2. Select the checkbox next to the transaction(s) you want to dispute and then click **Initiate Dispute**.

**Note:** You can only dispute multiple transactions for one card.

	Customer ID	Transaction Date/Time	Authorized Amount	Posted Date/Time	Posted Amount
<input type="checkbox"/>	83963	04/08/2014 06:42:56	100.00	04/08/2014 07:00:06	100.00
<input type="checkbox"/>	83963	04/08/2014 06:42:56	100.00	04/08/2014 07:00:06	100.00

3. Select one of the eight dispute reasons, then click Dispute.

Dispute Reasons
✕

**Please select Dispute reason:**

Please note that your account is not automatically credited for this dispute.  
Please pay the full amount of all invoices.

- Duplicate
- Paid by another means (must provide proof)
- Did not receive services or merchandise
- I did not authorize or participate in this/these transaction(s)  
(By selecting the above reason, your card will be blocked, as this would indicate fraudulent activity.)
- Amount of transaction differs from amount billed
- Goods or Services not as described (Quality)
- Credit not processed and I have credit receipt, voucher (proof)
- Other

Dispute
Cancel

Be aware that you cannot dispute a single transaction more than once. After you have initiated a dispute, a stop sign (🛑) will display in place of the check box on the Transaction History report.

4. Your contact information auto-populates at the top of each form. The remainder of the form is entirely customized to your selected dispute reason. Each required field (denoted by a red asterisk) must be completed.

**Online Dispute**  
\* indicates a required field

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**Account Code:** VV111

**Contact Name:** INT-POWER-USER BOBJ  
**Company:** BRIDGE AND ROAD FEES

<b>*Address:</b> 5301 Maryland Way	<b>*Phone Number:</b> 615-000-0000
<b>*City:</b> Brentwood	<b>Fax:</b>
<b>*State/Province:</b> TN	<b>Email Address:</b> sharris@comdata.com
<b>*Zip/Postal Code:</b> 37027	

<b>Card Number</b> 8888888888888888	<b>Customer ID</b> 88888
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For a list of each dispute reason and their descriptions, see the following page. For image examples of each form, see the [Appendix](#).


**Note:** If documentation is needed to support your claim, it must be received by Comdata within ten days of the initiated dispute. Please print the form and mail or fax (615-376-8742) it along with any supporting documentation to the address at the bottom of the form or e-mail to [support@comdata.com](mailto:support@comdata.com).

Dispute Reason	Description
<b>Duplicate</b>	<p>Select this option if a duplicate transaction displays on the RTTH report. The transactions must be the same date, same amount, and from the same merchant. If the date, amount, and merchant name are different, the form automatically directs you to <b>Paid By Another Means</b>. The logic is, the disputed transaction was previously paid on the same card. The form requires you to identify the valid transaction and the duplicate transaction.</p>
<b>Paid by Another Means</b>	<p>Select this option if you paid by another means/alternate payment.</p> <p>The form requires you to enter the date, amount of alternate payment, and any number associated with the alternate payment (check number, card number, etc.). Documentation (copy of a cleared check, cash receipt, Bank Card Statement, etc.) may be required to support your claim on short notice.</p> <p>Although not required, you may contact the merchant to determine why they would not issue a credit. If so, enter the contact date and reason.</p>
<b>Did Not Receive Services or Merchandise</b>	<p>Select this option if the item purchased was not received on the expected date.</p> <p>The form requires you to select if you participated in the transaction, describe the item purchased, and enter the date of expected delivery. Although not required, it's best practice to contact the merchant for resolution, and describe the results of that conversation on the form.</p>
<b>I Did Not Authorize or Participate in this/these Transaction(s)</b>	<p>Select this option if you noticed some fraudulent transactions in the RTTH report.</p> <p><b>Note:</b> This is the only option that allows you to dispute multiple transactions for the same reason at the same time. If this is not applicable, please dispute each transaction individually.</p> <p>The form provides three options:</p> <ol style="list-style-type: none"> <li><b>1. My card was lost/stolen at the time of the disputed transaction:</b> Select this option to fill out additional information as to the circumstances surrounding the fraudulent card use, (date card went missing, start date of unauthorized transactions, if police were notified, etc.). This information will help Comdata better understand the situation, so appropriate action can be taken.</li> <li><b>2. My card was in my possession at the time of the disputed transactions:</b> Select this option if the card was in your possession at that time of the unauthorized transaction. This option can also be used if the card number was used fraudulently while the card was in your possession.</li> <li><b>3. The card was misused by the employee assigned to the card:</b> Select this option if an employee or authorized user caused the fraudulent transaction(s). Then, specify if the employee or authorized user was terminated and the date of termination.</li> </ol>

Dispute Reason	Description
<p><b>Amount of Transaction Differs from Amount Billed</b></p>	<p>Select this option if you noticed the amount of a transaction is not what you authorized.</p> <p>The form requires you to enter the correct amount. Although not required at this time, you may need to provide proof of the amount difference on a short notice. For best practice, print the form and mail/fax it along with any supporting documentation to the Comdata address at the bottom of the form or e-mail to <a href="mailto:support@comdata.com">support@comdata.com</a>.</p>
<p><b>Goods or Services not as Described (Quality)</b></p>	<p>Select this option if the quality of the purchased item is not as described on the invoice or at the time of the transaction, or if the merchandise was received damaged. Disputes regarding Terms and Conditions fall under this reason as well.</p> <p>The form requires you to specify if the cardholder participated in the transaction (<b>Yes/No</b>), if it was a face-to-face transaction, provide details on why the merchandise was not received as expected, any attempt made to resolve with the merchant, and any attempt made to return the items.</p> <p>An Expert Opinion (third-party opinion from an expert in the related field) supporting your claim may be required on short notice. For best practice, print the form and mail/fax it along with any supporting documentation to the Comdata address at the bottom of the form or e-mail to <a href="mailto:support@comdata.com">support@comdata.com</a>.</p>
<p><b>Credit not Processed and I have Credit Receipt, Voucher (proof)</b></p>	<p>Select this option if you were supposed to receive a credit for the transaction and have proof that credit is due.</p> <p>The form requires you to enter the date the credit was issued, and the cancellation number (if applicable). Documentation (credit slip, voucher, cancellation number, etc.) is also required to support your claim. If you do not have supporting documentation, then select the dispute reason that best describes why you are due credit.</p>
<p><b>Other</b></p>	<p>Select this option if your dispute reason is not provided. The following message displays:</p> <p><i>“If your dispute does not fall under any of these dispute reasons listed, please contact Customer Service, 800-741-4040 or email: support@comdata.com.”</i></p>



- When finished, select **Submit** at the bottom of the page to generate a PDF. Save and print this for your records. A confirmation email will also be sent to your ICD email address.

**Transaction Online Dispute Processing Form**


Dispute ID: 546994301  
Date: 08/12/2015

<b>Account Code:</b> VC117	<b>Customer ID:</b> 88888
<b>Contact Name:</b> QASUPERADMIN	<b>E-mail:</b> SHARRIS@COMDATA.COM
<b>Company:</b> COMDATA	<b>Phone Number:</b> 615-000-0000
<b>Address:</b> 5301 MARYLAND WAY	<b>Fax Number:</b>
<b>City/ST/Zip:</b> BRENTWOOD / TN / 37027	

Card Number XXXXXXXXXXXX9999	Customer ID 33333
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**Disputed Transaction Listing**

Transaction Date	Posted Date	Transaction Number CB#	Posted Amount	Recon Amount	Approval Code	MCC	POS	ARD Merchant Name
10/02/2014 12:08:14	10/02/2014 14:42:34	391121 CB1002391121	120.88	120.88	104788	7296	1	05410194274100200000116 CINTAS UNIFORMS

**Reason Code:** Amount of transaction differs from amount billed

The transaction amount billed shows \$ 120.88, however, the transaction amount should be \$ 100.00

\*\*\*Note: Although not necessary at this time, you may have to provide proof of the amount difference on a short notice. Best practice is to print a copy of this dispute form, and fax or (mail) this documentation to the address below, and retain a copy for your records for at least 60 days.\*\*\*

We certify that this information was obtained via a secure website, and is being disputed by the authorized user.

Any documentation required to support your claim must be received within 10 days:

Comdata, Inc. 5301 Maryland Way Brentwood, TN 37027 Attn: Research Dept.	or	Email Legible Copy to: support@comdata.com
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**Note:** Be aware of the following details in the PDF:

- If multiple disputes are filed on one card, a total recon and posted amount will display at the bottom of the PDF.
- The Dispute ID is a 9-digit alphanumeric code used to identify the dispute.
- If there are multiple pages of the PDF, the Dispute ID will display on each as well as page numbers.

## Appendix

### Dispute Confirmation Email

You will receive a confirmation email for each dispute you submit. See below for an example. Confirmation emails contain a link to the PDF form, details on your dispute, such as the number of days to process and reconciliation information, and details on Comdata's Alerts and Notifications program, which allows your cardholders to receive text message alerts anytime suspicious activity is performed on their cards.

A MC Online Dispute has been entered for:

Card Token: 222D99D7Z2  
Card Number: XXXXXXXXXXXX6491  
Transaction Date: 10/02/2014 12:08:14  
Posted Date: 10/02/2014 14:42:34  
Dollar Amount: \$ 120.88

Please use the link provided to view the dispute detail.

<https://qaws.icconnectdata.com/forms/PDFServlet?type=disputeMC&seqId=54699430I&userType=0>

- If all required information is received timely, you should expect a provisional credit on your account, within 7 to 14 days.
- There is a CB reference number assigned to each transaction in your dispute. (see dispute form in link above) You may use that CB ref# number, and/or "CB" plus the last 10 digits of the card number, for "dispute credit" reconciliation.
- If additional documentation is required to support your dispute, please write the MC Dispute Id number listed on the form, (also listed in the subject line of this email), on your documentation for proper matching.

Did you know, as part of your corporate credit card program from Comdata, you get the benefit of cardholder text alerts to better protect your company from fraud. This program enables you to have real time awareness of suspicious activity and confirm or deny transactions via text. Even when there is confirmed fraud on your card, you can authorize individual transactions via text message rather than being stuck with no paying power.

To take advantage of the Alert and Notification product, contact your Company Administrator or Comdata Client Relationship Representative today!

\*\*\*Important: Incomplete information may cause a delay in processing your dispute.\*\*\*

Please note: This message does not have a valid reply address. Please do not attempt to reply.

To check the status of your dispute, please contact: [support@comdata.com](mailto:support@comdata.com)}

## Dispute Forms

### Duplicate

Card Number		Customer ID								
5567000000000000		88888								
<b>Transaction Listing: (Please select one Valid transaction and Duplicate transaction(s) within the same Authorization date.)</b>										
Valid	Duplicate	Transaction Date	Posted Date	Transaction Number CB#	Posted Amount	Recon Amount	Approval Code	MCC	POS	ARD Merchant Name
<input type="radio"/>	<input type="checkbox"/>	01/22/2015 11:58:40	01/22/2015 12:26:28	427000 CB0122427000	50.00	50.00	106087	7296	1	05410195021012200000074 CINTAS UNIFORMS
<input type="radio"/>	<input checked="" type="checkbox"/>	01/22/2015 13:04:08	01/22/2015 13:04:08	427020 CB0122427020	50.00	50.00	0	7296	10	05410195021012200000074 CINTAS UNIFORMS

### Paid by Another Means

**Reason for Dispute:** Paid By Another Means

\* Please list the date and amount of alternate payment, as well as any number/cardnumber/check number that would help identify that payment.

\*\*\*Note: Although it is not required at this time, proof of alternate payment (cleared check, cash receipt, Bank Card statement, etc.) may be REQUIRED on short notice if the merchant is unable to find the additional payment, so it is best to retain a copy and send it in now, if it is available.\*\*\*

Before processing a dispute for payment by another means, you may wish to contact the merchant in an attempt to resolve. If you have already done so, please document your attempt and specify what the merchant stated as to why they would not issue a credit.

I contacted the merchant on:  (mm/dd/yyyy)

Please explain in detail why the merchant would not issue a credit.

### Did not Receive Services or Merchandise

**Reason for Dispute:** Did not receive services or merchandise

\* If the cardholder participated in this transaction, but did not receive the Goods or Services.  
 Yes  No

\* Describe the item not received:

\* The last expected date of delivery was:  (mm/dd/yyyy)

You may wish to contact the Merchant for a resolution prior to filing this dispute. If you have already done so, please describe the result of your attempt to resolve this issue with the merchant.

**I Did Not Authorize or Participate in this/these Transaction(s)**

**Option 1**

**Option #1**  My card was lost/stolen at the time of the disputed transaction(s)

On what date was the card lost/stolen?  (mm/dd/yyyy)

I did not participate in any transaction on or after:  (mm/dd/yyyy)

\* Were police notified?  Yes  No If yes, date notified:   
(mm/dd/yyyy)

\* Briefly explain the circumstances surrounding the fraudulent use of the card.

Do you have any knowledge of the person(s) who may have used your card? If yes, who?

You must check this box if it applies:

\*  Neither I, nor anyone authorized by me, used this card for the disputed transactions listed on this form.

**Option 2**

**Option #2**  My card was in my possession at the time of the dispute transaction(s)

\*  Neither I, nor anyone authorized by me, used this card for the disputed transactions listed on this form.

**Option 3**

**Option #3**  The card was misused by the employee assigned to this card.

\* Was the employee terminated?  Yes  No

\* If yes, date of termination:   
(mm/dd/yyyy)

**Amount of Transaction Differs from Amount Billed**

**Reason for Dispute:** Amount of transaction differs from amount billed

\* The transaction amount billed shows \$ 100.00, however, the transaction amount should be

\*\*\*Note: Although not necessary at this time, you may have to provide proof of the amount difference on a short notice. Best practice is to print a copy of this dispute form, and mail or fax this documentation to the address below now, and retain a copy for your records for at least 60 days.\*\*\*

**Goods or Services not as Described**

**Reason for Dispute:** Goods or Services not as described (Quality)

\* Did the cardholder participate in the transaction?  Yes  No

\* This transaction was:  Face-to-face  Non-face-to-face

NOTE: Please make sure you have provided all of the information requested below.  
\*\*\*\*\*Any missing details may delay your dispute.\*\*\*\*\*

\* Provide details about what was purchased and how the merchandise was damaged upon delivery or not suitable for the purpose for which it was intended or why the merchandise (or service) is not as described, defective, or incompatible.

\* An attempt must be made to resolve with the merchant. Please include the specific details of this attempt including when the merchant was contacted, and why the merchant refused to correct the problem or issue credit. Note: The merchant must be given the opportunity to correct the problem prior to initiating a dispute.

\* An attempt to return all "tangible" merchandise must be made. Please provide the details about the return of (or attempt to return) the merchandise. If there were NO tangible items to return, please state that.

Although not required at this time, if you have an Expert Opinion to corroborate and explain how the item or service performed by the first merchant was negligent, or not as described, or any other supporting documentation to substantiate your claim, please print this dispute form, and fax or mail along with supporting documentation to the address below within 10 days of the dispute, and retain a copy for your records. (Expert opinion must be written on expert's professional letterhead, or validated by other information that would demonstrate that the opinion is that of a recognized Expert or Professional.)

**Credit Not Processed and I have Credit Receipt, Voucher (Proof)**

**Reason for Dispute:** Credit not processed and I have credit receipt, voucher (proof)

\* When was credit to be issued?  (mm/dd/yyyy)

Cancellation number (if applicable):

\*\*\*Note: Supporting documentation (Ex. Credit slip, voucher, cancellation number, etc.) is required for this dispute reason. Please print this dispute form and send it along with documentation to support your claim that credit is due, to the address below within 10 days. If you do not have this documentation, please select another dispute reason based on "why" you are due a credit.\*\*\*