Risk Office – Rule Request

Please select one: ☐ EnFact Debit ☐ EnFact Credit ☐ InFact Debit ☐ InFact Credit

Please select the rule type: ☐ New Rule ☐ Rule Change ☐ Rule Delete

Date: _____ **Client ID, FIID, or L**ogo: _____

Institution Name: _____

Contact Name: _____ Phone: _____

Email: _____ Fax Number: _____

BIN: _____ Schem a Name: _____

1) Rule Name (required for change and delete requests):

_____

2) Please explain why this rule is being requested:

_____

3) Is the rule request related to a specific fraud event? ☐ Yes or ☐ No If yes, then please explain:

_____

4) What is the rule criteria (dollar amount range, country, and merchant)?

_____

5) Any additional information to support rule objective:

_____

Disclaimer Information:
   a) Please review your Case Status Report daily or CaseTracker to identify when a rule has fired. If a rule has not fired in any two week period, the rule may be deleted.
   b) Risk Management will review the rule request within two business days and determine if a rule is ap propriate. The Risk Man agement team will notify the applicant that t he ru le will or will not be implemented. If a rule is appropriate the rule will be activated within four business days of when the Rule Request form was received by the Risk Management team.
   c) Lost, stolen, and restricted card status fees will apply.
   d) Risk Office enrollment required. Risk Office fees apply.
   e) Debit clients only: If a rule is implem ented, a Call Center Representative will make one attempt to reach th e cardholder. If the re presentative is un able to contact the c ardholder, the card will be re stricted. Call Center Representative will not attempt to call cardholders between the hours of 9 p.m. and 8 a.m. local time; however they will restrict the card.
   f) Debit clients only: EnFact rules create cases and do not deny transactions.

I authorize Fiserv to take action as indicated above.

_____ _____
Authori   zed signature   Date

**Upon completion, email to Risk_Investigations@fiserv.com
or fax to 503-274-6619 Attention: Risk Office.**

For internal use only
Rule By: _____ Name: _____ Time: _____ ID#: _____
RB Load Executed By: _____ Name: _____ Time: _____ ID#: _____
Date: _____