

# Confirmed Fraud Portal Access Request

The Confirmed Fraud Portal is a self-service system for participants to submit confirmed fraud transactions in order to improve data visibility and enable insights into emerging fraud trends.

Assigned administrators can be Issuers or Acquirers that have a direct contractual relationship with Discover® Global Network. Administrators can then assign individual user access as they deem appropriate.

## 1 Requester Information

\*All fields required

Organization Name

Telephone

Extension

Name of person completing this form

Email Address

Title of person completing this form

## 2A Organization ID

\*All fields required

Issuer / Acquirer ID(s)

## Organization Information

\*All fields required

Legal Organization Name

Telephone

Extension

Street Address

Do not specify a P.O. Box number.

City, State, ZIP Code

Country

**Please use a second form for additional organizations.**

## 2B Administrator 1

\*All fields required  
Can have up to 2 administrators per organization.

\_\_\_\_\_  
Name (include first, middle, and last)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

Must be a valid, individual corporate email address. Group email and personal email addresses (i.e., Gmail, Hotmail) will not be accepted.

\_\_\_\_\_  
Street Address

Do not specify a P.O. Box number.

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Extension

## Administrator 2

\*All fields required  
Can have up to 2 administrators per organization.

\_\_\_\_\_  
Name (include first, middle, and last)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

Must be a valid, individual corporate email address. Group email and personal email addresses (i.e., Gmail, Hotmail) will not be accepted.

\_\_\_\_\_  
Street Address

Do not specify a P.O. Box number.

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Extension

## 3 Organization Approval

\*All fields required

\_\_\_\_\_  
Name (include first, middle, and last)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Extension

Official Authorized Signature

Must be Director, Vice President, or above, have signatory authority for the organization and cannot be the same person as the administrator designated herein. By signing this form you hereby acknowledge the above disclosures.

Application will not be processed without the appropriate signature.

\_\_\_\_\_  
Date

**Send completed form to:**  
[networkfraud@discover.com](mailto:networkfraud@discover.com)