

Visa U.S.A. Inc.

Visa Liability Waiver Client Toolkit



Security and coverage when providing Visa Business and Commercial cards to employees

[Get started](#)

Security. Coverage. Confidence.



Now you can provide Visa Business and Commercial cards to employees with built-in protection against losses.

Safeguards for providing Visa cards to eligible cardholders

Visa® Liability Waiver is one of the most valuable core benefits of Visa Business and Commercial cards – offering the security and coverage you need to do business with complete confidence.

Visa Liability Waiver insures you against eligible losses that might be incurred through card misuse by a terminated eligible cardholder. In the event that an eligible cardholder misuses Visa Business or Commercial card privileges, Visa Liability Waiver waives certain eligible charges and helps minimize your losses.

Visa Liability Waiver benefits:

- Coverage up to \$100,000 per eligible cardholder
- Automatic enrollment for clients
- No deductible and no extra cost to clients
- No maximum cap per client
- Coverage of cash advances, officers, and ghost accounts
- Simplified claim procedures for clients

Protect your business with essential safeguards



Visa Liability Waiver gives you safeguards and protection that are built right in. That means you can provide employees with Visa Business and Commercial cards with full confidence – and that makes doing business easier and more convenient.

This Visa Liability Waiver Client Toolkit provides program details, describes the materials you will need, and includes step-by-step instructions for handling claims.

What charges are eligible for coverage?

Waivable Charges

Waivable charges are charges incurred by an eligible cardholder or other authorized person that:

- Do not benefit the company directly or indirectly; or
- Benefit the company directly or indirectly when the eligible cardholder was reimbursed by the company for those charges and failed to pay the financial institution; and
- Are the responsibility of the company and/or eligible cardholder for payment to its financial institution

Charges may be:

- Billed up to 75 days before the Notification of Termination Date;¹ or
- Incurred but unbilled as of the Notification of Termination Date; or
- Incurred up to 14 days after the Notification of Termination Date²

Cash Advances

- Prior to the Notification of Termination Date, cash advances are considered waivable charges as defined; or
- After the Notification of Termination Date, cash advances are considered waivable charges as defined and limited to \$300 per day or a maximum of \$1,000

¹ Notification of Termination Date means the date the cardholder gives to his/her employer or receives from his/her employer oral or written notice of immediate or pending termination, or the date the cardholder leaves his/her employer, whichever is earlier.

² Account must be canceled within two (2) business days following the Notification of Termination Date.

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Visa Liability Waiver Materials



The following items can be downloaded from Visa Online®.

Visa Business and Commercial Credit Card Liability Waiver Program Outline

This document details the specifics of the program as they pertain to Visa Business and Commercial credit card charges, outlining permitted waivable charges, obligations of the company and financial institution, and payment of claims.

Visa Business Debit Card Liability Waiver Program Outline

This document outlines the program as it pertains to Visa Business Debit Card charges.

Visa Liability Waiver Affidavit of Waiver Claim Form

To request a waiver of charges, you must complete the Company section of the Affidavit of Waiver claim form, sign it, and submit it to the card-issuing financial institution.

Sample Account Cancellation Request

To comply with the Visa Liability Waiver obligations, you must send the card-issuing financial institution a letter requesting cancellation of the account. This letter must be sent within two (2) business days of the Notification of Termination Date to remain eligible for the total waiver period.

Sample Employee Account Cancellation Notification Letter

Employers participating in the Visa Liability Waiver benefit are obligated to quickly notify former employees, in writing, that their account has been canceled and they no longer have the right to use it. This letter can be sent by first-class mail or fax. You should retain a copy, as it must be attached to your Affidavit of Waiver claim form in the event a claim is filed.

Simple requirements to filing a claim



Your company may request that your Visa card-issuing financial institution waive liability for waivable charges when you meet all of the following requirements:

1. Terminate, voluntarily or involuntarily, a Visa Business or Commercial cardholder's employment.
2. Have one (1) or more valid Visa Business or Commercial card accounts in good standing.
3. Request the financial institution to cancel the account³ within two (2) business days of the Notification of Termination Date.⁴
4. You deliver to the employee or send by first-class mail or fax a written notice⁵ stating that the account has been canceled and that the employee should immediately discontinue all use of the card, pay any outstanding amounts, and return the card to your company.
5. Complete the Company side of the Affidavit of Waiver claim form, have an authorized official of your company sign it, and return it within ninety (90) days of the employee's Notification of Termination Date to the financial institution. All claim documents must be filed with the program underwriter within one hundred eighty (180) days from the Notification of Termination Date.
6. Include the following documentation with the Affidavit of Waiver claim form when sending it to the financial institution:
 - Copy of the Eligible Cardholder Account Cancellation Notification Letter
 - Description of the waivable charges (e.g., a copy of the account statement with the waivable charges highlighted)
 - Proof of reimbursement (e.g., expense reports or canceled checks) in cases where the employee was reimbursed by the company but failed to pay the financial institution.⁶
7. You give prompt written notice to the financial institution in cases where it invoices the eligible cardholder directly, if you know that an eligible cardholder is receiving reimbursement for charges but is not paying the financial institution for those charges.
8. Remit to the financial institution any amounts recovered for waived charges from any source after filing an Affidavit of Waiver claim form and agree to assign any rights to collect such amounts from the employee to the program underwriter.⁷

³"Account Cancellation Request."

⁴If the card is not canceled within two (2) business days, only charges billed for up to 75 days prior to the Notification of Termination Date will be eligible.

⁵"Employee Account Cancellation Notification Letter."

⁶For claims of this type over \$5,000.

⁷Once a claim has been paid for a given person, no future claims will be considered.

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Visa Liability Waiver

Visa Business or Commercial Card Affidavit of Waiver Claim Form

Company			
This form must be returned to the Financial Institution within 90 days of Notification of Termination.			
Company Information			
Company Name		Has a claim for this charge been submitted under any other insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Are you or the company aware of any prior dishonest acts committed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP	Date Account Cancellation Notification Letter sent to employee _____
Contact Person		Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Toolkit and Program Outline.	
Contact Phone			
Date of Account Cancellation Request to Issuing Financial Institution (MM/DD/YY)			
Employee Information			
Employee Name		Notification of Termination Date _____	
Street Address		Termination Date _____	
City	State	ZIP	Is the Employee an: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Principal Shareholder <input type="checkbox"/> None of the Above
Phone		Transaction Type:	
Social Security Number		<input type="checkbox"/> Does Not Benefit Company \$ _____	
Account Number		<input type="checkbox"/> Employee Reimbursed but Failed to Pay Account \$ _____	
Type of Card: <input type="checkbox"/> Visa Business Credit Card <input type="checkbox"/> Visa Signature Business <input type="checkbox"/> Visa Business Debit Card <input type="checkbox"/> Visa Purchasing Card <input type="checkbox"/> Visa Corporate Card <input type="checkbox"/> Visa Large Purchase Advantage Card		Total Amount of Submitted Waivable Charges \$ _____ Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Toolkit and Program Outline.	
Card Issue Date (MM/DD/YY)		Employee Hire Date (MM/DD/YY)	
Request for Waiver of Charges			
<p>I wish to certify that the above named Cardholder was an employee of _____ (Company Name). According to the terms of the policy, the above named former employee has used his/her card to make unauthorized transactions, or cash advances, which did not benefit our Company, or has received reimbursement for Company expenses but failed to render payment to the account in the amount of \$ _____ as detailed above. As _____ (Company Name) is liable for these charges under the agreement with _____ (Financial Institution), we request a waiver of the charges under the terms and conditions of the policy. Furthermore, if the Company recovers any amounts for the waived charges from any source after the Company has requested a waiver of the transactions, the Company will remit all such recoveries to the Financial Institution. The Company agrees to assign any rights it may have to collect such amounts from the Cardholder to the Program Underwriter for Visa claims.</p> <p>I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS ACCURATE.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____ Title _____</p>			
Claim Processing Checklist (Prior to Submission)			
<p>You Must: <input type="checkbox"/> Complete every question on this form (incomplete forms will be returned) <input type="checkbox"/> Sign and date this form</p> <p>Attach: <input type="checkbox"/> Employee Account Cancellation Notification Letter <input type="checkbox"/> Copy of statement with Waivable Transactions highlighted (must equal amount claimed) <input type="checkbox"/> For claims over \$5,000, proof of reimbursement in cases where the employee was reimbursed but failed to pay the Financial Institution (examples of proof would include expense reports or canceled checks)</p>			

continued on next page



Visa Liability Waiver

Visa Business or Commercial Card Affidavit of Waiver Claim Form (cont.)

Issuer			
This form must be filed with the Program Underwriter within 180 days of Notification of Termination.			
Issuer Information			
Issuer Name		Amount of Transactions Submitted by the Company (1) \$ _____	
Street Address		Amount Recovered to Date (2) \$ _____	
City	State	ZIP	Total Amount Claimed (Lines 1–2) \$ _____
Contact Person		<i>Must Be Equal To or Less Than Amount Claimed by Company (Line 1)</i>	
Contact Phone		Credit Cards Only:	
Total Number of Valid Company Accounts		Cardholder's Credit Limit \$ _____	
		Is the Company Responsible for Charges under the Company Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is the Cardholder Responsible for Charges under the Cardholder Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is this Claim the Result of a Lost/Stolen Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes, Date Reported _____	
		Is this Claim the Result of a Bankruptcy/Insolvency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes, Date Declared _____	
		Credit Cards Only:	
		Has the cardholder sent a check for payment on this account within the last 12 months which was uncollectible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<i>Please refer to the complete description of program requirements in the Visa Liability Waiver Program Client Toolkit and Program Outline.</i>	
		Date Affidavit of Waiver Claim Form Received (MM/DD/YY)	
Collection Information			
Name of Collection Agency			
Street Address			
City	State	ZIP	
Contact Person			
Contact Phone			
Date Assignment Made (MM/DD/YY)			
Date Account Cancellation Request Received (MM/DD/YY)			
Date of Account Cancellation on Base (MM/DD/YY)			
Recovery of Funds Certification			
I certify that should any amount be recovered by _____ (Financial Institution) or any other source with respect to Waivable Charges, we agree to use these funds to reduce the Waivable Charges and/or the amount of any claim filed with the Visa Liability Waiver Program, or if the claim payment has previously been submitted to us, we shall return such amounts to the Program Underwriter for Visa claims.			
I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE.			
Signature _____		Date _____	
Printed Name _____		Title _____	
Claim Processing Checklist (Prior to Submission)			
You Must: <input type="checkbox"/> Complete every question on this form (incomplete forms will be returned) <input type="checkbox"/> Sign and date this form			
Attach: <input type="checkbox"/> Account Cancellation Request Proof <input type="checkbox"/> Cardholder Agreement with Financial Institution <input type="checkbox"/> Company Agreement with Financial Institution <input type="checkbox"/> Detailed Description of Collection Efforts <input type="checkbox"/> Statement/Print Screens with billing date, balance, and account termination date highlighted <input type="checkbox"/> For claims over \$5,000, proof of reimbursement in cases where the employee was reimbursed but failed to pay the Issuer (examples of proof would include expense reports or canceled checks)			

Note: At any time, Visa and/or its Program Underwriter may request further documentation regarding proof concerning the charges in question.

Please Send To: Visa Program Underwriter, c/o Liability Waiver – ESIS, P.O. Box 5129, Scranton, PA 18505-0568
 Phone: (888) 518-5665 Fax: (800) 503-7107 Email: liabilitywaiverprogram@esis.com

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Visa Liability Waiver

Sample Visa Business or Commercial Card Account Cancellation Request

Visa Business or Commercial Card Client Name
Company
Address
City, State, ZIP (or Letterhead)

Date

Financial Institution Representative
Financial Institution Name
Address
City, State, ZIP

Re: Request for Cancellation of Visa Business or Visa Commercial Card Account for Covered Employee

To Whom It May Concern:

The below-named cardholder gave or received oral or written notification of termination on this date (e.g., MM/DD/YY) _____.

Account Number _____ Phone _____

Cardholder's Name _____

Home Address _____

City _____ State _____ ZIP _____

We hereby request that this account be canceled immediately.

We understand that to request a waiver of charges, if any, on the above numbered account, we must file a Visa Affidavit of Waiver claim form within 90 days of the Notification of Termination Date.

Please be further advised that:

___ The company was billed for the cardholder's charges.

___ The cardholder was billed directly and has been contacted in writing and directed to immediately pay all outstanding charges.

Our company ___ has / ___ has not retrieved the Visa Business or Commercial card from the cardholder. The card ___ is / ___ is not enclosed.

Sincerely,

Signature
Title (must be a corporate officer)



Visa Liability Waiver Client Toolkit

Visa Liability Waiver

Sample Visa Business or Commercial Card Employee Account Cancellation Notification Letter

Visa Business or Commercial Card Client Name
Company
Address
City, State, ZIP (or Letterhead)

Date

Employee Name
Address
City, State, ZIP

Dear Employee Name:

Please be advised that we have canceled your Visa Business or Visa Commercial card account number _____ and that your rights to use the card have ended. Immediately discontinue all use of the card, and return it to us if you have not already done so.

In addition, you must immediately pay any outstanding balance that you owe on the card.

Thank you for your cooperation in this matter.

Sincerely,

Authorized Signature