

VISA CARDHOLDER DISPUTE FORM

CARDHOLDER BACKGROUND

ACCOUNT NUMBER

CARDHOLDER NAME

DEPARTMENT NAME & ADDRESS

WORK PHONE

DISPUTE DETAILS

AMOUNT OF DISPUTE \$ _____

DISPUTE SUMMARY EXPLANATION

PROVIDE NECESSARY DETAILS ABOUT THE DISPUTED ITEMS(S):

SEND THIS FORM TO:
UMB Bank Card Center
CARDHOLDER DISPUTES
P.O. BOX 419734
KANSAS CITY, MO 64141
FAX: 816-843-2485

DATE:

DEPARTMENT PROCUREMENT CARD COORDINATOR

AUTHORIZED SIGNATURE - DEPARTMENT HEAD/BUDGET
AUTHORITY