## **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 ITE	EMS(S):
SEND THIS FORM TO:	DATE:
UMB Bank Card Center	
CARDHOLDER DISPUTES P.O. BOX 419734 KANSAS CITY, MO 64141 FAX: 816-843-2485	DEPARTMENT PROCUREMENT CARD COORDINATOR
	AUTHORIZED SIGNATURE – DEPARTMENT HEAD/BUDGET