



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION			
Name		Account Number	
Company Name		Business Phone	
TRANSACTION INFORMATION			
		\$	
Merchant Name		Amount of Dispute	
Date of Transaction		Reference Number of Transaction from Statement	
DISPUTE DETAILS			
Please mark the appropriate dispute reason listed below and if indicated, provide the requested documentation.			
<input type="checkbox"/> Need a copy of the transaction in order to submit payment.			
<input type="checkbox"/> Need a copy of the transaction for our records only.			
<input type="checkbox"/> Amount is to be billed to a different UMB card number. UMB card number:			
<input type="checkbox"/> Incorrect Amount. <i>Must provide copy of receipt.</i> I was billed \$		but should have been billed \$	
<input type="checkbox"/> Duplicate Posting. The original transaction posted to my statement for \$		on	date.
<input type="checkbox"/> I returned the merchandise to the merchant on		date.	The reason for return is listed below. <i>Must provide proof of return.</i>
<input type="checkbox"/> I have a credit slip and the credit has not posted to my account. <i>Must provide copy of credit slip.</i>			
<input type="checkbox"/> I did not participate in the transaction and I do not know what the transaction is for.			
<input type="checkbox"/> I have not received the merchandise and it was to be delivered on		date.	
<i>Must give dates when the merchant was contacted to check on the status of the order & their response below.</i>			
<input type="checkbox"/> I cancelled a guaranteed late arrival hotel reservation on		date at	time & cancellation # is:
<input type="checkbox"/> Other. Details of the dispute have been provided below.			
ADDITIONAL INFORMATION REGARDING THE DISPUTED CHARGE			
SEND THIS FORM TO: UMB Bank Card Center ATTN: PURCHASING CARD DISPUTES P.O. BOX 419734 KANSAS CITY, MO 64141 FAX: 816-843-2485 Cardholder's Signature & Today's Date		Cardholder's Signature & Today's Date: _____ _____ _____	