

# STATE OF MISSOURI

## VISA PURCHASING CARD DISPUTE FORM

Cardholder Name

Account Number (Last 8 Digits Only)

Agency and Division 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.

Need a copy of the transaction in order to submit payment.

I do not recognize the above merchant. I am asking that the merchant provide me with more information to help identify whether or not the charge is valid. All valid cards issued to this account are in my possession.

Although I did engage in the above transaction, I am disputing \$ \_\_\_\_\_ of the above charge. I have contacted the merchant and attempted to resolve the matter. I have provided the details below.

Amount is to be billed to a different UMB card number. UMB card number (last 8 digits only): \_\_\_\_\_

Incorrect Amount. *Must provide copy of receipt.* I was billed \$ \_\_\_\_\_ but should have been billed \$ \_\_\_\_\_.

Duplicate Posting. The original transaction posted to my statement for \$ \_\_\_\_\_ on \_\_\_\_\_ date.

I returned the merchandise to the merchant on \_\_\_\_\_ date. The reason for return is listed below. *Must provide proof of return.*

I have a credit slip and the credit has not posted to my account. *Must provide copy of credit slip.*

To best of my knowledge I, nor anyone authorized by me, received the goods or services represented by the charge. I also certify that I, nor anyone with my permission, engaged with the above merchant in any manner.

I have not received the merchandise and it was to be delivered on \_\_\_\_\_ date. *Must give dates when the merchant was contacted to check on the status of the order and their response below.*

I cancelled a guaranteed late arrival hotel reservation on \_\_\_\_\_ date at \_\_\_\_\_ time and cancellation # is: \_\_\_\_\_.

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  
EMAIL: [commercial.bankcards@umb.com](mailto:commercial.bankcards@umb.com)

Cardholder's Signature

Agency/Division Card Coordinator or Authorized Designee

Today's Date