



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.

- 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: _____
- 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 the 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 & their response below.
- I cancelled a guaranteed late arrival hotel reservation on _____ date at _____ time & cancellation # is: _____
- Other. Details of the dispute have been provided below.

ADDITIONAL INFORMATION REGARDING THE DISPUTED CHARGE

SEND THIS FORM TO:
 c/o Robby Murray, Acct Administrator
 WSU Office of Purchasing Campus Box 12

Cardholder's Signature & Today's Date