



School District of Springfield R-12

Visa Cardholder Dispute Form

CARDHOLDER BACKGROUND

ACCOUNT NUMBER

4715-6266 _____ - _____

NAME

ADDRESS

HOME PHONE

DISPUTE DETAILS

AMOUNT OF DISPUTE \$ _____

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

SIGNATURE