Cardmember Statement of Disputed Item

Complete form in its entirety and fax to 816-843-2536. Send original to Card Service Center at Mailstop 1110504.

Account Information					
•	()	Hon		umber: _()
Account Number (16 digits): Transaction and Dispute					
Transaction Date:		action Amount:		Dispute Amour	nt·
Merchant Name or Description				-	
To ensure that we have the following question 1. Description of Item or	is:		lispute, it is nece	ssary that y	ou answer all of
Reason for Dispute. If Include any documenta					
Attempt(s) to Resolve submit a claim to the management				o resolve the d	lispute before we
A) What attempt was r	made to resolve the	matter with the m	erchant?		
B) What was the date	you contacted the r	merchant, and wha	at is the name of the	person you sp	poke with?
C) What was the merc	:hant's response?				
If no attempt was made	to resolve the disp	ute with the merch	nant, please explain y	your reasons:	
By signing below, I declare fraudulent intent. I further failure to cooperate autho affidavit.	agree to fully coop	erate with the Bar	nk in any investigatio	on it may cond	uct and agree that my
Customer's Signature				Date	
Report Taken By (Please ր	print)	Branch Locati	on and Number	() nk Telephone Number