KEWAUNEE COUNTY
CARDHOLDER DISPUTE FORM

Date: _____
Corporate Account Name:_____

Cardholder Information
Name: _____ Card# _____
Work Phone Number: _____

Cardholder Signature:_____

Disputed Transaction:
Merchant Name: _____
Dollar Amount Disputed: _____ Transaction Date: _____

Dispute Type:
____ Credit Not Posted (enclose copy of credit slip or returned merchandise receipt)
____ Duplicate Posting
____ Erroneous Amount (provide supporting documentation indicating correct amount)
____ Erroneous Charge (include phrases, "neither made nor authorized" and "credit card in my possession at all times" in explanation)
____ Other

Dispute Explanation: (include all contact with merchant and merchant's response):

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