

NORTHLAND COMMUNITY AND TECHNICAL COLLEGE

CARDHOLDER DISPUTE FORM

This form needs to be completed if there is any discrepancy between your records and the monthly statement of activity for your card. Submit this form with your Individual Transaction Log and monthly statement. Contact the Northland Community and Technical College AP Business Office if you need assistance with this form.

Cardholder Name: _____

Office Telephone Number: _____

Merchant Name: _____

Date of Disputed Transaction: _____

Amount of Dispute: _____

Dispute Type:

Incorrect Charge

Credit Not Received

Duplicate Charge

Replacement Not Received

Erroneous charge

Other

EXPLANATION OF REQUEST...

Merchant's Response:

(Cardholder must contact the merchant and note the date, name of contact, and response.)

CARDHOLDER SIGNATURE _____ DATE _____

RETURN COMPLETED FORM ALONG WITH COPIES OF RELATED SUPPORTING DOCUMENTS TO:

EAST GRAND FORKS BUSINESS OFFICE

ATTN: ANGIE MENGE