

**RAPID CITY AREA SCHOOLS  
PURCHASING CARD PROGRAM**

**DISPUTE FORM**

Date: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Transaction Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount \$ \_\_\_\_\_

Merchant: \_\_\_\_\_

The bank must be notified of all disputed transactions within **30 days** of the statement date. Please check the appropriate statement below that best describes your dispute. Please attach any supporting documentation that validates your dispute, such as credit memos, letter to merchants, sales slips, or proof of payments.

\_\_\_ I certify that the transaction disputed was not made by me or the person authorized by me to use the card, nor were the goods or services represented by this transaction received by myself or a person authorized by me.

\_\_\_ Although I did engage in the above transaction, I am disputing the entire charge, or a portion in the amount of \$\_\_\_\_\_. I have contacted the merchant and requested a credit to my account for the reason explained in the attached letter.

\_\_\_ The enclosed sales slip for \$\_\_\_\_\_ appeared on my statement as \$\_\_\_\_\_

\_\_\_ The enclosed credit memo has not posted to my account OR was listed as a purchase on my statement.

\_\_\_ I did not receive the service and/or merchandise. I have contacted the merchant and they have not resolved my dispute. I expected to receive the merchandise/services on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_ I have already paid for the transactions shown above by:

\_\_\_ check \_\_\_ cash \_\_\_ other credit card.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please return this form immediately. We appreciate your cooperation and urge you to contact us at 1-866-418-8154.