



Cardholder Dispute Form

Complete, print, and mail form to:
255 N. Lone Hill Ave., San Dimas, CA 91773

255 N. Lone Hill Ave. San Dimas, CA 91771

800.347.CCCU • F:626.967.3525 • cardservices@myCCCU.com • myCCCU.com

Member Number: _____ **Name:** _____

Address: _____

Phone Number: _____ **Email:** _____

Debit/Credit/ATM Card Number: _____

Merchant Name: _____

Amount: _____ **Post Date:** _____

REASON FOR DISPUTE:

Billed twice for the same transaction:

Original Transaction Date: _____ Second Transaction Date: _____

Cancelled Service/Returned Merchandise:

What service was cancelled? What product was returned? _____

What is the date that you cancelled? What is the date that you returned? _____

Non-Receipt of Service/Merchandise:

What was the product or service you were suppose to receive: _____

What is the date of expected date of delivery? _____

Paid By Other Means/Credit Posted as a Debit

***Required- Please attach proof of alternate payment or credit slip from merchant

Quality of Service/Defective Merchandise:

Describe the service or merchandise: _____

Did you cancel the service or return the merchandise? _____

Are you still in possession of the merchandise? _____

*****Below is Required for every dispute:**

Date you contacted the merchant to resolve: _____

The merchants response: _____

Additional Details: _____

Please attach any supporting documentation for your dispute to this form.

Cardholder Signature _____ Date: _____

Required