



**Cardholder Dispute Form**

Complete, print, and mail form to:  
101 S. Barranca Avenue, P.O. Box 3012, Covina, CA 91722

255 N. Lone Hill Ave. San Dimas, CA 91773

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