



Main Office: 8815 Folsom Boulevard, Sacramento, CA 95826  
Downtown: 1930 9<sup>th</sup> Street, Suite 101, Sacramento, CA 95811  
Roseville: 130 Sunrise Avenue, Roseville, CA 95661  
Elk Grove: 4801 Laguna Blvd, Suite 101, Elk Grove, CA 95758  
Modesto: 3600 Sisk Road, Suite 4L, Modesto, CA 95356

916.386.1418 / 916.386.2768-fax  
916.382.4313 / 916.382.4308-fax  
916.786.2451 / 916.773.2196-fax  
916.394.6388 / 916.394.6393-fax  
209.544.3971 / 209.544.2488-fax

## ATM/DEBIT CARD DISPUTE INSTRUCTIONS

Dear Member:

Attached you will find the following forms:

- Notification of Dispute – ATM/DEBIT Card
- Notification of Fraudulent Transactions
- Cardholder Dispute Form
- Plastic Card Affirmation

If you have multiple transactions that you are disputing, please put the total of all transactions on the "Notification of Dispute" form and list each individual transaction on the "Notification of Fraudulent Transaction" form.

In order to receive a new ATM/DEBIT Card, the Plastic Card Affirmation form must be completed and returned.

In order to secure your rights, please file a police report and provide the report number to us as soon as possible.

Should you have any questions, please feel free to contact any of our branch offices for assistance.

Sincerely,

Member Services

**Notification of Dispute—ATM CARD/DEBIT CARD/CREDIT CARD**

Member Name: \_\_\_\_\_

Account #: \_\_\_\_\_

ATM Card     DEBIT Card     Credit Card

Card #: \_\_\_\_\_

Transaction Information *(if more than one transaction is in dispute, please provide list specifying the information below for each charge.)*

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

Location: \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

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I am disputing the transaction(s) in question because of the following reason(s):

[ ] ATM Machine did not dispense cash. Enclosed is a copy of the receipt.

[ ] Deposit made was never credited to my account. Enclosed is a copy of the receipt.

[ ] Amount credited to my account differs from actual amount of deposit. Enclosed is a copy of the receipt.

[ ] The transaction(s) was unauthorized. \*No one authorized to use this account signed for or participated in the transaction(s).

**\*If transaction is unauthorized, please indicate state of card (check one):**  Card Lost     Stolen     Card still in account holder's possession. **If cardholder still in possession of card, is counterfeit card use suspected?**  Yes     No

[ ] For mail/phone/e-commerce transaction(s) ONLY: I do not recognize the above-listed transaction despite a good faith effort made to provide me with additional details of the transaction.

[ ] The charge(s) was paid by another means. Enclosed is a copy of the canceled check or cash/credit receipt.

[ ] The amount signed for on the sales draft differs from the amount billed on the monthly statement. Enclosed is a copy of the sales receipt.

[ ] The transaction was authorized and then canceled on \_\_\_/\_\_\_/\_\_\_\_. I have attempted to resolve the dispute with the Merchant. A credit voucher was issued (copy enclosed), but the credit has not posted to my account. If no credit voucher was issued, please attach a detailed letter explaining the date and the reason for the return.

[ ] I have been billed 2 or more times for the same purchase. The original charged posted to my account on \_\_\_/\_\_\_/\_\_\_\_.

[ ] I placed an order with the merchant above. I have not received merchandise which I expected by \_\_\_/\_\_\_/\_\_\_\_, I have contacted the merchant on \_\_\_/\_\_\_/\_\_\_\_ for credit but no credit has posted to my account.

[ ] I canceled this recurring charge with the merchant on \_\_\_/\_\_\_/\_\_\_\_. NO charges after this date are authorized from this merchant.  Canceled by phone     Canceled in writing (copy of letter enclosed).

[ ] I canceled this reservation on \_\_\_/\_\_\_/\_\_\_\_. The cancellation number provided to me is: \_\_\_\_\_

[ ] I received merchandise different than what I ordered. Attached is a detailed letter explaining what was expected, what was received, and that an attempt to return the merchandise was made.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

**ATTACH COPIES OF ALL RELATED DOCUMENTATION TO THIS FORM. If additional room is required to describe your dispute, please use the back of this form.**

# Notification of Fraudulent Transaction

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

Card Number: 

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## 1. Dispute Reason/Elaboration

At the time of the transaction(s), please indicate status of card (*Please check one*):

- Card Lost                      Date card was Lost    \_\_\_/\_\_\_/\_\_\_
- Card Stolen                      Date card was Stolen    \_\_\_/\_\_\_/\_\_\_
- Card still in Accountholder's possession.
- New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected?  Yes     No

**Issuer certifies Cardholder denies authorizing or participating in disputed transaction. No one authorized to use this account signed for or participated in the transaction (s).**

## 2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1. ___/___/___	_____	_____
2. ___/___/___	_____	_____
3. ___/___/___	_____	_____
4. ___/___/___	_____	_____
5. ___/___/___	_____	_____
6. ___/___/___	_____	_____
7. ___/___/___	_____	_____
8. ___/___/___	_____	_____
9. ___/___/___	_____	_____
10. ___/___/___	_____	_____

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

# Multiple Dispute Listing

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

Card Number:     -     -     -

## 2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
11. ___/___/___	_____	_____
12. ___/___/___	_____	_____
13. ___/___/___	_____	_____
14. ___/___/___	_____	_____
15. ___/___/___	_____	_____
16. ___/___/___	_____	_____
17. ___/___/___	_____	_____
18. ___/___/___	_____	_____
19. ___/___/___	_____	_____
20. ___/___/___	_____	_____
21. ___/___/___	_____	_____
22. ___/___/___	_____	_____
23. ___/___/___	_____	_____
24. ___/___/___	_____	_____
25. ___/___/___	_____	_____

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date



This Form Only Needs to be Completed If  
Transactions Total **\$250.00** or More

## Cardholder Dispute Form

### Fraudulent Use of a Credit Card, Debit Card, or ATM Card

#### Cardholder Information

Cardholder Name		Home/Cell Phone ( ) ( )	Work Phone ( ) ( )
Mailing Address	Street	City	State ZIP
Card Requested: _____ Yes _____ No	Card Number	Number of Cards Issued	
Type of Card: _____ Credit Card _____ Debit Card _____ ATM Card	At the Time of the Fraudulent Transactions, Card was: _____ In Member's Possession _____ Lost _____ Never Received _____ Stolen	Was law enforcement notified? _____ Yes _____ No	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- This Cardholder Dispute Form is completed for the purpose of establishing the fraudulent use of a Credit/Debit/ATM card(s).
- Member did not give, sell, or trade card(s) to anyone nor did they give anyone permission to use the card(s).
- Member has no knowledge that their spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated above.
- Member did not receive any benefit from the unauthorized use of the Credit/Debit/ATM card(s).
- Member did not use card nor authorize the use of card by anyone else after the unauthorized use of the card was discovered.
- Member examined all of the unauthorized transactions and in each instance, did not originate the transaction nor authorize it.
- Further, member did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized below and on the back of this page): \$ \_\_\_\_\_

Name and Address of Unauthorized User (if known)

#### Unauthorized Transactions

Date of Transaction	\$ Amount of Transaction	Merchant Name

(Please continue itemization on back of page, if needed)

Comments:

\_\_\_\_\_  
Employee Name                                      Branch                                      Teller #                                      Date



## PLASTIC CARD AFFIRMATION

I/We, \_\_\_\_\_, the undersigned and holder of  
(Print Name(s))  
VISA Debit, VISA Credit, or ATM Card # \_\_\_\_\_ do hereby affirm that  
the following sentence applies to the disposition of said debit, credit/ATM card.

- Card is not working.
- Card(s) has been mailed to California Community Credit Union.
  - 8815 Folsom Boulevard, Sacramento, CA 95826
  - 1930 9<sup>th</sup> Street, Suite 101, Sacramento, CA 95811
  - 130 Sunrise Avenue, Roseville, CA 95661
  - 4801 Laguna Blvd, Suite 101, Elk Grove, CA 95758
  - 3600 Sisk Road, Suite 4L, Modesto, CA 95356
- Card(s) has been destroyed.    Date: \_\_\_\_\_
- Card(s) has been misplaced.    Date: \_\_\_\_\_
- Card(s) has been stolen/lost.    Date: \_\_\_\_\_
- Card(s) has been compromised.
- I wish to close my account at this time and NOT have a new card reissued.
- Card(s) is in my possession, and being fully informed and aware of the penalty involved, I have refused to surrender said card(s).

**DATE CARD WAS LAST USED:** \_\_\_\_\_.

Explanation of how card(s) was lost or stolen:

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I understand if I use said card(s) after reported lost or stolen, I will be liable for recovery fees. I realize that there is a \$10.00 card replacement fee.

Date	Signature	Member Number
Date	Signature	

***(Office Use ONLY)***

Replacement Card #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Police Report #: \_\_\_\_\_ City/County filed in: \_\_\_\_\_