

CAROLINA COLLEGIATE FEDERAL CREDIT UNION

ATM/Debit Dispute Form

Cardholder Name(s): _____ Date: _____

Card Number: _____ - _____ - _____ - _____

Date of Transaction: _____ Amount: \$ _____

Merchant Name: _____

Acq. Reference #: _____

Member Account #: _____ Daytime Phone #: _____

Customer's Statement: Please explain in detail (providing dates, names, and any other supporting documentation) why this claim is being disputed.

Please provide signatures of all authorized signers on the account.

_____	_____	_____	_____
Authorized Signature	Date	Authorized Signature	Date
_____	_____	_____	_____
Authorized Signature	Date	Authorized Signature	Date

Mail or deliver to
 Main Office: Carolina Collegiate FCU, 710 Pulaski Street, Columbia, SC 29201
 Coastal Carolina University Branch: Pamela Hamilton, Sands Hall Room 101, 107 Founders Dr., Conway, SC 29526
 USC Spartanburg: Ann Fitzsimmons, 800 University Way, Campus Life Center, Rm. 215, Spartanburg, SC 29303