

San Diego County Credit Union (SDCCU®) is dedicated to providing accurate information to ChexSystems. If you believe information that has been reported to ChexSystems is incorrect, you may dispute the information by completing and submitting the attached Consumer ChexSystems Reporting Dispute Form along with any documentation that substantiates your claim.

ChexSystems Reporting Dispute Instructions:

1. Complete this form in its entirety. SDCCU can only process forms that are fully completed.

You must include specific information as to what you are disputing and an explanation of the basis for your dispute. If you have more than one share and/or account with SDCCU, please provide specific information such as the account number or share type, and include the dates opened and closed.

2. Provide documentation to support your claim(s). Documentation may include statements, letters, ChexSystems reports, police reports, check copies, receipts, etc. SDCCU suggests that you only provide copies and not original documents as they will not be returned to you.
3. Mail this completed form along with all supporting documentation to:

**San Diego County Credit Union
Attn: ChexSystems Reporting Disputes
PO Box 910107
San Diego, CA 92191**

4. SDCCU will review and respond to your claim no later than thirty (30) days after receiving this form and will contact you directly if additional information is needed. The 30-day period begins when all information needed to complete the investigation has been received by SDCCU. This includes information sufficient to identify the account that you wish to dispute such as an account number and your name, address and telephone number.

Additional Information:

SDCCU is not required to investigate your claims that have been previously concluded to be frivolous or irrelevant, if sufficient information to investigate your claim has not been provided by you, or if the disputed information provided is substantially similar to a previous dispute where SDCCU has already satisfied its obligation to investigate your claim.

Member Information:

Account Number: _____ Suffix: _____

Name: _____

Address: _____

Telephone: Home: () Work: () Mobile: ()

Type of Dispute: *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> This is not my account | <input type="checkbox"/> I have paid this account in full |
| <input type="checkbox"/> Inquiry not initiated | <input type="checkbox"/> Reported status/reason is not accurate |
| <input type="checkbox"/> This account was included in Bankruptcy | <input type="checkbox"/> Amount reported is not accurate |
| <input type="checkbox"/> Other _____ | |

Detailed Explanation of your Claim:

(Please attach any supporting documents, ensuring your name and account number is on each page being submitted.)

Return this form and copies of your supporting documents to:

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PO Box 910107
SAN DIEGO, CA 92191

SDCCU USE ONLY		
Date Received:	Teller #:	Received By:
Date Completed:	Teller #:	Processed By:
Response to Claim:	Date Response Sent:	