

**MERCK EMPLOYEES FEDERAL CREDIT UNION  
CREDIT CARD DISPUTE FORM**

**CREDIT CARD NO.**

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Name	(Last)		(First)	
Address		(Street)		
	City		(State)	(Zip)
H) Phone		W) Phone		C) Phone

**Explain why the following charges were not authorized by you and how you tried to resolve the issue. Attach any document that supports your dispute.**

DATE	VENDOR	AMOUNT
<b>TOTAL</b>		

\_\_\_\_\_

Signature Date

**Disputes must be reported within 60 days after you receive your statement.**

Complete the form and mail to:  
MasterCard/Visa Customer Service  
PO Box 30495  
Tampa FL 33630

