

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

DEBIT 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
TOTAL		

Signature Date

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

Complete the form and either bring it to the credit union or mail to:
Merck Employees Federal Credit Union, RY32-15
PO Box 2000
Rahway NJ 07065