

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

DEBIT CARD NO. – ONLY ENTER THE LAST 4 NUMBERS OF THE DEBIT CARD.

4	1	4	9	9	9	X	X	X	X	X	X				
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Name	(Last)		(First)		
Address		(Street)			
		City		(State)	
				(Zip)	
H) Phone		W) Phone		C) Phone	
E-Mail					

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.

Upon completion please forward form to

Cardholder Services Disputes, PO Box 183259, Columbus OH 43218-3259; or

E-mail to Card.Services@Fiserv.com; or

Fax to 614-564-4588