

FLORIDA HOSPITAL CREDIT UNION VISA CREDIT CARD DISPUTE

Please follow the steps below to submit your inquiry.

1. Report possible fraud by calling (800) 338-0566. Please be prepared to provide the amount of each unauthorized transaction.
2. Complete the required information on this form and send via mail or fax.

Mail: FHCU

PO BOX 3080

TALLAHASSEE, FL 32315

Fax: (877) 324-2478

To determine the status of your dispute, call (800) 338-0566.

Required:

Cardholder Name: _____

Cardholder VISA Account Number: _____

Cardholder Contact Phone Number: _____

Cardholder Address: _____

Attn: Card Services

Please be advised that I am disputing the following unauthorized charges made on my FHCU Visa Credit Card.

Merchant Name	Amount of Transaction	Date of Transaction

Thank you.

Signature

Date: