



DISPUTES MUST BE MADE IN PERSON OR WRITTEN/SIGNED REQUEST THROUGH THE MAIL

Consumer Credit Bureau Dispute Form

TO BE COMPLETED BY THE CUSTOMER

Date

Customer Name	Customer Address
Customer SSN	Loan Number being disputed
Home Telephone No.	Work/Cell Telephone No.

REASON FOR DISPUTING THE TRANSACTION(S)

INDICATE IF YOU HAVE ANY OF THE FOLLOWING:

- Police Report
 Fraud Affidavit
 Identity Theft Affidavit
 Court Order
 Copy of Consumer Credit Report

I attest that the information provided on this statement is true and correct.

Customer's Signature

Date

TO BE COMPLETED BY THE BRANCH/DEPARTMENT RECEIVING THE DISPUTE

Check Appropriate Box

- Dispute made in person signed & completed form
 Dispute made by Mail (signed letter attached)

FOR BANK USE ONLY

Branch Receiving Dispute:	Print name of Employee Receiving Dispute:	Dispute Forwarded To:
Date Received by Credit Dept/Branch:	Print name of Employee Receiving Dispute:	Investigated By:

Investigation Information

Date Started: _____ Date Ended: _____

Information Reviewed:

Conclusions/Findings:

Resolution:

- Corrected information sent to: _____
Date: Sent to CRA _____ Date corrected on System (if applicable) _____
 Frivolous/Duplicate dispute
 Irrelevant Dispute/Insufficient info
 Info accurate, Credit Reporting Agency error (customer to contact CRA)
 Info reported correctly, no corrections made/sent

Member FDIC

