

Consumer Report Direct Dispute

Experian Dispute ChexSystems Dispute

TO BE COMPLETED BY THE CUSTOMER

Date _____

Check Appropriate Box(es)		
<input type="checkbox"/> Identity theft	<input type="checkbox"/> High balance	<input type="checkbox"/> Date account was opened
<input type="checkbox"/> Fraud has been committed	<input type="checkbox"/> Date payment was made	<input type="checkbox"/> Date account was closed
<input type="checkbox"/> Liability for account	<input type="checkbox"/> Amount of a payment made	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Terms of the account (balance, payment, credit limit)	<input type="checkbox"/> Payment status	

Customer Name	Account Number
Home Telephone No.	Work/Cell Telephone No.

REASON FOR DISPUTING THE TRANSACTION(S)

INDICATE IF YOU HAVE ANY OF THE FOLLOWING:
<input type="checkbox"/> Police Report <input type="checkbox"/> Fraud Affidavit <input type="checkbox"/> Identity Theft Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Copy of Consumer 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(es)		
<input type="checkbox"/> Dispute made in person - customer completed form	<input type="checkbox"/> Dispute made by telephone	<input type="checkbox"/> Dispute made by Mail (attach letter)
For disputes made by telephone : 1. Complete the form with the customer information and details of the dispute. 2. Advise consumer of additional information needed to begin investigation (if applicable). 3. Advise consumer additional information is to be received within seven (7) business days. 4. Provide the consumer with the address for mailing additional information.		
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: