

Direct Dispute Form

Customer Identifying Information

Name _____ SSN _____
Address _____ Phone _____

Dispute Information

Account Number _____
Information being disputed _____
Basis/Reason for Dispute _____

Supporting Documentation (please attach)

- | | |
|--|--|
| <input type="checkbox"/> Account Statements | <input type="checkbox"/> Police Report |
| <input type="checkbox"/> Fraud/Identity Theft Affidavit | <input type="checkbox"/> Court Order |
| <input type="checkbox"/> Consumer Report (credit report, Chex Systems report, etc) | |
| <input type="checkbox"/> Other: _____ | |

Customer Signature _____ Date _____

For Bank Use Only

Date Received _____ Received by _____

Investigation Information

Date Started _____ Date Ended _____ Investigated by _____

Information Reviewed _____

Conclusions/Findings _____

Resolution Corrected information sent to _____

Date: Sent to CRA _____ Corrected on system _____

- Frivolous/Duplicate dispute Irrelevant Dispute/Insufficient Info
- Info accurate, Credit Reporting Agency error (customer to contact CRA)
- Info reported correctly, no corrections made/sent
- Written notification of results sent to customer (required for all disputes)