Dispute Form

Use this form for any disputes you wish to submit by mail. You can submit additional dispute forms if have several disputes. Complete all of the following information and submit by mail. Once we receive your dispute, it make take up to 30 days to process your dispute. We will then notify you of the results. You may also submit a dispute by mail using your own format.

Would you like to receive your dispute results more quickly? Enter your email address, and we will notify you as soon as your results are ready to be viewed online. _____

Be advised that written information or documents you provide with respect to your disputes may be shared with any and all creditors with which you are disputing.

Your current identification information

Name:	Middle Initial:	Generation:
Social Security number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___		Date of Birth:
Mailing Address:		

Is any of the information below incorrect on your report?

- ☐ Spouse's name
- ☐ Employer (Which one is incorrect?) _____
- ☐ Date of Birth (Fill in your correct date of birth) __/__/__
- ☐ Address (Which one is incorrect?) _____
- ☐ Telephone number (Which one is incorrect?) __/__/__
- ☐ Name (Which one is incorrect?) _____
- ☐ Social Security number (Which one is incorrect?) _____

Dispute

Company name:	Your partial account number:

I believe this item is incorrect because (Choose only one):

- ☐ Payment never late
- ☐ Account closed
- ☐ Paid in full – On what date? ____/____/____
- ☐ Account included in bankruptcy – Chapter: _____ Filing date: ____/____/____
- ☐ Not my account – Who does it belong to? _____
- ☐ Other – Must explain: _____

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