

## **Credit Bureau Dispute Form**

**Instructions for completing this form:** Please complete each field below and identify the specific information that is being disputed and the basis for the dispute. If you need more space than what is provided below or have copies of supporting documentation to substantiate the basis of the dispute, please provide it along with this form. Form must be signed and dated by the disputing member in order to be acted upon by the credit union. You can mail form, along with documents, to the following address: Associated Credit Union, 6251 Crooked Creek Rd. Norcross, Georgia, 30092

NAME:		Member / Non-Member
ADDRESS:		WORK PHONE:
CITY, STATE ZIP	CELULAR PHONE:	HOME PHONE:

## PLEASE EXPLAIN ALL RELEVANT DETAILS AND THE BASIS FOR YOUR DISPUTE:

(Please include the bureau that you received the information from)

Describe the basis and the allegations of the complaint along with information regarding the product or service which is subject of the complaint:
Please check the box next to the type of dispute:
Deposit Related Acct#
Visa Acct # Loan ID #
Loan Acct #
Mortgage Acct #
Collection Acct #
MOP (Member Overdraft Privilege)
Delete due to fraud (also include police report)
Dispute Inquiry (please include SSN# & DOB & Date)
Check if there are additional documents attached.

In what manner would you prefer to receive the response to our investigation?

Disputing	Member	Signature:
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Date:

	FOR CREDIT UNION USE
Date Received:	
Dispute received by:	
F	OR CREDIT UNION USE
Investigation completed by (Name and Date)	:
to the member, in writing, within 5 Business days after d	ered to be frivolous or irrelevant must be documented and communicated determining the dispute to be frivolous. The written notification shall inform the entify any information additional required to continue with the investigation. Valid .)
If no explain:	
Written Notification to Member: dispute to be frivolous).	(Within 5 Business days of determining the
Investigation Date Ended: union's receipt of the dispute notice and the mem	(Investigation must be completed within 30 days of the credit ber notified of the results)
Summary of Response and contact wi	th the complainant:
Credit Union Recommendation: (If the invest	tigation identifies the CRA was inaccurate, the credit union shall either):
Modify that item of information	Date Modified:
Delete that item of information	Date Deleted:
	Authorization: (Only Authorized by Mgmt.)



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Credit Union Notes of Recommendation:

Signature: \_\_\_\_\_

Maintain a copy of the supporting documentation and all other related documentation for 5 years.