



CREDIT DISPUTE REPORT FORM

Today's Date: _____

Name (please print): _____

Date of Birth: _____ Social Security No.: _____

Address: _____

Phone Number: _____ Account Number at Issue: _____

Members Cooperative Credit Union reports to three credit bureaus. Which bureau's report are you disputing? Experian Equifax TransUnion

Please select the best description for this dispute:

- Not my account
- Account paid in full
- Account is closed
- Other (please explain below in the space provided)
- Account included in bankruptcy
- Payments made timely/no late payments
- Paid before it was charged off

Include the specific information that is being disputed and an explanation of the basis for the dispute. Also include relevant supporting documentation to substantiate the dispute such as a copy of the credit report, police report, fraud affidavit, court order and/or account statement.

The statements made on this form are true and accurate to the best of my knowledge.

Signed

Date

Please send this form to: **Members Cooperative Credit Union, Regulatory Compliance Specialist, P.O. Box 161527, Duluth, MN 55816.** Upon receipt of the completed form an investigation will ensue. If MCCU finds that the information reported to the bureau was inaccurate, the credit union will promptly make necessary corrections. Accurate and verifiable information cannot be changed or removed from a credit report.