



CREDIT REPORT DIRECT DISPUTE NOTICE

Date: _____ Please identify which agency(s) you used to identify the disputed credit information: Equifax Experian TransUnion Innovis Other: _____	NAME OF PERSON COMPLETING THIS FORM:					
	E-MAIL ADDRESS:					
	WORK PHONE	HOME PHONE	CELL PHONE	CONTACT PHONE (9:00am - 5:00pm CST)		
	NAME AND OTHER INFORMATION AS SHOWN ON CREDIT REPORT BEING DISPUTED:					
	LAST NAME	FIRST NAME	MI	SUFFIX (Jr., Sr. etc.)	DATE OF BIRTH	SSN
	RESIDENCE ADDRESS			CITY	STATE	ZIP
	MAILING ADDRESS			CITY	STATE	ZIP
DATE AS SHOWN ON CREDIT REPORT		ACCOUNT NUMBER AS SHOWN ON CREDIT REPORT		YEAR OPENED AS SHOWN ON CREDIT REPORT		

DESCRIPTION OF CREDIT REPORT DISPUTE

In order to help the credit union research your specific dispute, please state why you disagree with the credit union's reported information and why you believe the information is inaccurate. The credit union will acknowledge receipt of this dispute within 10 days by e-mail or regular mail.

Capital Credit Union's loan department is responsible for assisting members with resolution of credit reporting errors. The office hours are 9:00am to 5:00pm Central Standard Time, Monday through Friday. To contact the loan department:

By Mail: Capital Credit Union
 Attention: Credit Disputes
 PO Box 2096
 Bismarck, ND 58502

By E-Mail:
creditreportdispute@capcu.org

By Telephone:
 701-255-0042 or 1-800-735-6922

Signature: _____ Date: ____/____/____

For Credit Union Use Only
Date Received _____
By _____
Completion Date _____