

Duluth, MN 55816

## 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 you disputing?	three credit bureaus. Which bureau's report are
Please select the best description for this disp	oute:
<ul> <li>Not my account</li> <li>Account paid in full</li> <li>Account is closed</li> <li>Other (please explain below in the space</li> </ul>	Account included in bankruptcy Payments made timely/no late payments Paid before it was charged off provided)
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 mail this form to:	
Members Cooperative Credit Union Regulatory Compliance Specialist	

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.