



## Credit Report Direct Dispute Checklist

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Please use the **Credit Report Direct Dispute Form** to report inaccurate information involving your account with DCU that is listed on a credit report.

To speed the processing of your request, please follow these steps:

1. Read and complete the Credit Report Direct Dispute Form in its entirety. Incomplete or unsigned forms will delay our investigation. The signature cannot be electronic as it must match what is on file. You may include a copy of a license, or ID to confirm your signature.

2. In order for us to begin our investigation:

Bring this form to any DCU branch office,

OR

Contact our Information Center at 800-328-8797

### What you can expect

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Once we receive a completed **Credit Report Direct Dispute Form** we will begin our investigation, which could take up to 30 days to complete.

You will receive notification from DCU as to the outcome.



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508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

## Credit Report Direct Dispute Form

Use this form to report inaccurate information involving your account with DCU that is listed on a credit report.

Please provide copies of supporting documentation that may be helpful to DCU in investigating your dispute, such as the portion of the credit report showing the disputed information and/or account statements.

In order for us to conduct our investigation, all of the following must be completed:

Name: \_\_\_\_\_

DCU Membership Number: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Provide a specific explanation of the basis for the dispute:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* The Signature cannot be electronically signed as it must match the signature on file. You may include a copy of license or ID to confirm your signature.

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

\*If member was not present at the time direct dispute information was taken, state method(s) used to verify:

\_\_\_\_\_

<b>INTERNAL USE ONLY</b>	Faxed <b>immediately</b> to:	<input type="checkbox"/> Account Services (866.874.7820) <input type="checkbox"/> Mortgages (866-560-0254 or 866.638.9596) <input type="checkbox"/> Commercial Lending (866.632.6372)
Received By: _____ Date: ____/____/____		