

Customer Dispute Notice Form

Consumer Information (Print) Individual Account

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Social Security Number _____ Phone _____

Consumer Information (Print) Joint Account, if applicable

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Social Security Number _____ Phone _____

Dispute Information (Print)

Account In Dispute: _____

Reason for Dispute: _____

Consumer Comments: _____

Signature/Date

*Please attach all relevant documentation and mail to the address at the top of this form. You will be notified within 30 days from receiving a **completed** Consumer Dispute Form as specified below:*

Provide one of the following:

- US Mailing Address _____
- E-Mail Address _____
- Fax Number _____

Signature: _____ Date: _____

For more information, including information about additional rights, go to
www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G
 Street N.W., Washington, DC 20552.