



Member FDIC

Credit Bureau Dispute Form

Please complete this form in its entirety.

Full Name: _____

SSN: _____

Address: _____

Driver's License #: _____

City/State/Zip: _____

Driver's License State: _____

Place of Employment: _____

Home Phone #: _____

Date of Birth: _____

Work Phone #: _____

Account number(s) as listed on credit report:

PLEASE PROVIDE A COPY OF THE CREDIT REPORT THAT SUPPORTS YOUR DISPUTE.

Please check the appropriate box(es) which best describes the information you believe to be incorrect:

Balance: **Reported As \$** _____ **Should be \$** _____

Account Paid Off

Payment: **Not Reported**

List payment dates (provide cancelled check copy)

Not past due

Last Payment Date _____

Credit Status Incorrect: **Reported as:** _____ **Should Be:** _____

Not My Loan

Other: (describe below)

Provide as many details as you can, accompanied with appropriate documentation to support your dispute:

If your dispute is based on possible fraud, please provide a copy of your driver's license and social security card.

I state under penalty of perjury that the statements I have made on this request are true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Return this form and the supporting documents to:

Jackson County Bank
ATTN: Loan Servicing Department
PO Box 490
Black River Falls, WI 54615
Phone: 715-284-5341 FAX #715-284-7470
jacksoncountybank.com