



Member FDIC

Credit Bureau and Account Error Dispute Form

Print 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. (if reported on Credit Bureau)

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** **Not Credited**

List payment dates (provide cancelled check copy)

Not past due
 Last Payment Date _____

Credit Status Incorrect: (If Credit Bureau related)
 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