



PO Box 24901, El Paso, TX 79914-9001 800.351.1670 FirstLightFCU.org

Credit Report Dispute

- 1) Fill out the Credit Report Dispute Form and provide the appropriate documentation to support your dispute, as applicable.
- 2) Please use a separate form for each account being disputed.
- 3) Sign and mail the form to:
FirstLight Federal Credit Union
Attn: Loan Administration – Credit Report Dispute
P.O. Box 24901
El Paso, TX 79914-9001
- 4) Once our investigation concludes, you will receive a report outlining the results. If inaccuracies are discovered in the reported information, we will promptly inform each consumer reporting agency to rectify the inaccuracies. **Accurate, valid, and verifiable information cannot be altered or removed from your credit report.**

FirstLight Federal Credit Union is responsible for investigating **FirstLight Federal Credit Union** account disputes in regard to:

- Member's liability for a credit, debit (or other) account
- Identity theft or fraud
- Questions of individual or joint liability, or authorized user status
- Type of account
- Actual payment amount, scheduled payment amount
- Credit limits, high balance, current balance.
- Payment status, performance, or payment history
- Open date, closed date, payment date.
- Any additional information supplied by **FirstLight Federal Credit Union** reflecting a member's creditworthiness, credit standing, credit capacity.

A **Credit Reporting Agency** is responsible for investigating disputes related to:

- Member identifying information such as Social Security Number, name, address, date of birth.
- Public information, such as information derived from public records, judgments, liens or other public sources.
- Requests for consumer reports, or inquiries
- Identity of past or present employers
- Fraud alerts or active-duty alerts
- Information provided by another data furnisher.

If applicable, please include all supporting documentation to substantiate the information being disputed. Examples of supporting documentation include but is not limited the following:

- Police Report(s)
- Fraud or Identity Theft Affidavit(s)
- Court Order(s)
- Account Statements



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Credit Report Dispute Form

Contact Information

Name: _____ Date Of Birth: ____/____/____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Phone Number: _____

Dispute Information

Check which bureau report are you disputing?

Experian Equifax Transunion

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

Enter the account number and select the box that best describes the information you believe to be incorrect:

Account Number: _____

- This is not my account. This account was open fraudulently. This account is closed.
 This account is in bankruptcy. This account was paid in full. I have never paid late.
 Other (Additional Details):

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: _____

For Credit Union Use Only
CU Employee Name and Op ID: _____
Results:
<input type="checkbox"/> Information is accurate
<input type="checkbox"/> Information is not accurate; correction required
<input type="checkbox"/> Dispute determined to be frivolous or irrelevant as per 16 CFR 660.4(f)
<input type="checkbox"/> Responsibility of CRA
<input type="checkbox"/> Other:
Notes: