

### INSTRUCTIONS

1. Complete this form in its entirety.
2. If the dispute is a result of identity theft, the following documents are required to be provided along with this dispute form:
  - A full copy of your finalized police report
  - A full copy of your Federal Trade Commission Identity Theft Report
  - A copy of your state-issued identification
  - WSECU reserves the right to request further documentation
3. Sign and date this form.
4. Return this form and any applicable supporting documentation to:
  - Email: CreditReportDisputes@wsecu.org
  - Fax: 360.570.3539
  - Mail: Attention: Credit Report Disputes  
PO Box WSECU  
Olympia, WA 98507
5. Disputes are investigated in the order in which they are received. You will receive a response by mail within 30 days of receipt of this dispute form.

### CONSUMER INFORMATION

Member account number and loan number (if applicable): \_\_\_\_\_

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

First

Middle

Last

**Address:** \_\_\_\_\_

Street

City, State

Zip code

Telephone number: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### DISPUTE INFORMATION

Date of error: \_\_\_\_\_

- Type of error:
- |   |   |
|---|---|
| <input type="checkbox"/> This is not my account                           | <input type="checkbox"/> This account is included in a bankruptcy |
| <input type="checkbox"/> I have never made a late payment on this account | <input type="checkbox"/> This account is fraudulent               |
| <input type="checkbox"/> I have paid this account in full                 | <input type="checkbox"/> Other                                    |

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Please note: WSECU is obligated by the Fair Credit Reporting Act to report accurately and is unable to grant courtesy/good-faith delinquency removal requests.