

INSTRUCTIONS

1. Complete this form in its entirety.
2. If the inquiry in dispute is a result of identity theft, please provide the following along with this dispute form:
 - A copy of your state-issued identification
 - A complete copy of your Federal Trade Commission Identity Theft Report
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

CONSUMER INFORMATION

Name:

First Middle Last

Address:

Street City, State Zip code

Telephone number: _____

Social Security number: _____

Date of birth: _____

INQUIRY INFORMATION

Member account number and loan number (if applicable): _____

Date(s) of inquiry: _____

Specific reason for inquiry dispute: _____

Signature

Date