



Consumer Dispute Request

Date of Request: _____ File# _____

Borrower Full Name: Last _____ First _____ Middle _____

Current Address: _____

Former Address: _____

Social Security # _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Co-Borrower Full Name: Last _____ First _____ Middle _____

Co-Borrower Social Security # _____ Date of Birth: _____

Borrower's email: _____

Please indicate if borrower would like to receive bureau dispute responses via this email address

Yes No (otherwise all dispute results will be mailed out to borrower through U.S. Postal Service)

Creditor Name: _____

Bureau disputing: XPN EFX TU

Account Number: _____

Reason for dispute: _____

Creditor Name: _____

Bureau disputing: XPN EFX TU

Account Number: _____

Reason for dispute: _____

Creditor Name: _____

Bureau disputing: XPN EFX TU

Account Number: _____

Reason for dispute: _____

I understand under the amended FCRA section 611(a)(1) the bureaus have 30 days from receipt of notice of dispute to resolve, unless during that time the bureau receives additional information relevant to the investigation from the consumer, in which case the reinvestigation period may be extended for an additional 15 days.

Borrower's Authorization: _____ Date _____

Rec'd by Cisco Employee: _____ Date _____

Submitted to Bureaus by Cisco Employee: _____ Date _____