

**None Suffer Lack Federal Credit Union
Member Credit Reporting Dispute Form**

Instructions for completing this form: Please complete each field below and identify the specific information that is being disputed and the basis for the dispute. If you need more space than what is provided below or have copies of supporting documentation to substantiate the basis of the dispute, please provide it along with this form. Form must be signed and dated by the disputing member in order to be acted upon by the credit union. Return the completed form, along with any supporting documentation, to the Credit Union (by fax, by mail, in person at a branch). The Credit Union's mailing address is: 4710 Auth Place, Suite G-1, Suitland, Maryland 20746.

NAME:	ACCOUNT / LOAN ID
ADDRESS:	WORK PHONE:
CITY, STATE ZIP	CELLULAR PHONE: HOME PHONE:

PLEASE EXPLAIN ALL RELEVANT DETAILS AND THE BASIS FOR YOUR DISPUTE:

Describe the basis and the allegations of the complaint along with information regarding the product or service which is subject of the complaint:
<input type="checkbox"/> Check if there are additional documents attached.

In what manner would you prefer to receive the response to our investigation?

In writing Electronically; my email address is: _____

Disputing Member Signature: _____ **Date:** _____

FOR CREDIT UNION USE

Date Received: _____

Dispute Received by: _____

Please forward to the Consumer Lending Department.

FOR CREDIT UNION USE

Investigation completed by:

Employee Name: _____ **Date:** _____

Valid Dispute: YES NO (Any request considered to be frivolous or irrelevant must be documented and communicated to the member, in writing, within 5 Business days after determining the dispute to be frivolous. The written notification shall inform the member of the reason(s) for such determination and identify any additional information required to continue with the investigation. Valid disputes must be responded to within 30 Business days.)

If No, explain:

Written Notification to Member, Date: _____

Summary of Response:

Credit Union Recommendation: (If the investigation identifies the CRA was inaccurate, the credit union shall either):

Modify that item of information **Date Modified:** _____

Permanently block the reporting of that item of information **Date Blocked:** _____

Credit Union Notes of Recommendation:

All applicable CRA's notified of any of the above required corrections

**Record Retention: The Credit Union will maintain a copy of the supporting documentation and all other related documentation for 5 years.*