



Credit Report Dispute Form

Date: _____

Name of Person Completing This Form: _____

Email Address: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Best Contact Phone (8:00 am – 5:00 pm CST) _____

Please identify which agency(s) was used to identify the disputed credit information:

Equifax Experian TransUnion Other _____

Name and Other Information As Shown on Credit Bureau Being Disputed

_____ Last Name _____ First Name _____ MI _____ Suffix

Physical Address: _____
Street (Including Apt.) (No post office boxes) City State Zip

Mailing Address: _____
Street (Including Apt.) City State Zip

Date: _____ Account Number: _____ Year Opened: _____

Description of Credit Report Dispute

In order to help the credit union research your specific dispute, please state why you disagree with the credit union's reported information and why you believe the information is inaccurate. The credit union will acknowledge receipt of this dispute within 10 days by e-mail or regular mail.

The Risk Management Department is responsible for assisting members with resolution of credit reporting errors. The Risk Management Department office hours are 8:00 am – 5:00 pm CST, Monday – Friday. To contact the Risk Management Department:

By Mail: Pelican State Credit Union
Attn: Risk Management
P. O. Box 40088
Baton Rouge, LA 70835

By E-mail: cbrdisputes@pelicanstatecu.com
By Telephone: 1-800-351-4877, Option 9, ext. 6292