

San Diego County Credit Union (SDCCU®) is dedicated to providing accurate information to credit reporting agencies. If you believe information that has been reported to a credit reporting agency is incorrect, you may dispute the information by completing and submitting this Consumer Credit Reporting Dispute Form along with any documentation that substantiates your claim.

Credit Dispute Instructions:

1. Complete this form in its entirety. SDCCU can only process forms that are fully completed.

You must include specific information as to what you are disputing and an explanation of the basis for your dispute. If you have more than one loan and/or account with SDCCU, please provide specific information such as the loan number or type of loan with the current balance or payment amount.

2. Provide documentation to support your claim(s). Documentation may include statements, letters, credit reports, police reports, check copies, receipts, etc. SDCCU suggests that you only provide copies and not original documents as they will not be returned to you.
3. Mail this completed form along with all supporting documentation to:

San Diego County Credit Union
Attn: Credit Reporting Disputes
PO Box 910107
San Diego, CA 92191

SDCCU will only accept completed dispute forms and/or documentation by mail, received at the above noted address. Dispute forms and/or documentation will not be accepted at any SDCCU branch location, or by email or fax.

4. SDCCU will review and respond to your claim no later than thirty (30) days after receiving this form and will contact you directly if additional information is needed. The 30-day investigation period begins when all information needed to complete the investigation has been received by SDCCU. This includes information sufficient to identify the account that you wish to dispute such as an account number and your name, address and telephone number.

Additional Information:

SDCCU is not required to investigate your claims that have been previously concluded to be frivolous or irrelevant, if sufficient information to investigate your claim has not been provided by you, or if the disputed information provided is substantially similar to a previous dispute where SDCCU has already satisfied its obligation to investigate your claim.

Member Information:

Account Number: _____ Loan Suffix: _____
 Name: _____
 Address: _____
 Telephone: Home: () Work: () Mobile: ()

Type of Dispute: *(Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> This is not my account | <input type="checkbox"/> I have paid this account in full |
| <input type="checkbox"/> I have never made a late payment | <input type="checkbox"/> This account is closed |
| <input type="checkbox"/> This account is in Bankruptcy | <input type="checkbox"/> This account was included in a short sale or foreclosure |
| <input type="checkbox"/> Other _____ | |

Detailed Explanation of your Claim:

(Please attach any supporting documents, ensuring your name and account number is on each page being submitted.)

Return this form and copies of your supporting documents to:

**San Diego County Credit Union
 Attn: Credit Reporting Disputes
 PO Box 910107
 SAN DIEGO, CA 92191**

SDCCU USE ONLY		
Date Received:	Teller #:	Received By:
Date Completed:	Teller #:	Processed By:
Response to Claim:	Date Response Sent:	