## **Credit Reporting Dispute Form**



Member Name:	-
Address:	-
Phone Number:	-
Account Number and Suffix:	-
Social Security Number:	-
What are the details of the dispute?	

Please mail this form along with any supporting documentation to:

## **Members 1st Credit Union**

P.O. Box 492395 Redding, CA 96049

Signature: \_\_\_\_\_ Date: \_\_\_\_\_