

CREDIT BUREAU DISPUTE FORM

*****Please complete this form in its entirety*****

Full Name: _____
 Address: _____
 City: _____
 State _____ Zip: _____
 E-mail: _____

Social Security Number: _____
 Date of Birth: _____
 Home Phone: _____
 Mobile/Cell Phone: _____
 Work Phone: _____

First Midwest Bank reports to the following credit bureaus listed below. Please mark the ones you are disputing:

- Equifax Experian Innovis TransUnion _____

****PLEASE PROVIDE A COPY OF THE CREDIT REPORT THAT SUPPORTS YOUR DISPUTE.****

Account number(s) as listed on credit report that are being disputed: _____

Please check the appropriate box(es) which describes the information you believe to be incorrect:

BALANCE:

- Reported as \$ _____ Should Be \$ _____ Account Paid Off

Explanation: _____

PAYMENT:

- Not Reported Not Past Due Last Payment Date

Include proof of payment. (Example: Copies of Cancelled Checks; Account Statement)

Explanation: _____

CREDIT STATUS INCORRECT:

- Reported as _____ Should Be _____ Not my Loan

Other: _____

***If your dispute is based on possible fraud, please provide a copy of your driver's license & social security card.*

The statements I have made on this request are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Return this form and the supporting documents to:

**First Midwest Bank
 Attn: Credit Dispute Department
 20 West Stoddard
 P O Box 158
 Dexter, MO 63841**

Fax: 573 624-6430

Date Received: _____
 Received By: _____

Date Investigation Completed: _____
 Investigation Completed By: _____

Print Form