CREDIT REPORT DISPUTE FORM

Date:_____

Please identify which agency(s) you used to identify the disputed credit information _____ Equifax _____ Experian _____ TransUnion _____ Innovis _____ Chex Systems _____ Other:_____	Name of Person Completing This Form:					
	Work Phone	Home Phone	Cell Phone			
	Name and Other Information as shown on Credit Report Being disputed:					
	Last Name	First Name	MI	Suffix	Date of Birth	SSN
	Residence Address		City		State	Zip
	Mailing Address		City		State	Zip
	Date as shown on credit report	Account Number as shown on credit report			Year opened as shown on credit report	

Description of Credit Report Dispute
In order to help the bank research your specific dispute, please state why you disagree with the Bank's reported information and why you believe the information is inaccurate. In addition to completing this form, attach all supporting documentation that substantiates the basis of your dispute. Examples would be copies of the relevant portion of the credit report showing the item being disputed, a police report, a fraud or identify theft affidavit, a court order or acount statements. The Bank will respond to this dispute within 30 business days by regular mail.

Signature Date

Bank Contact Information:
BlackRidgeBANK
4040 42nd Street SW, Suite O
Fargo, ND 58104
701-364-9050

BANK RESPONSE

Signature Date

Reviewed 3.2017