



Credit Bureau Dispute Form

Name: _____

Address: _____

Member Number: _____

Contact Number: _____
home cell phone work

Disputed account number: _____
(as it appears on the credit report)

Brief description of the dispute (what should be changed and why):

Credit Agency(s) Report that disputed item appears on:

TransUnion Equifax Experian

Attach a copy of your current credit report with disputed information. If you do not have a copy of your credit report by signing and dating this document you authorize Belvoir Federal Credit Union to obtain a copy.

Signature Date

Please send the completed form by fax to: 703-730-1410
Or by mail to: 14040 Central Loop
Woodbridge, VA 22192
Attn: Michael Kendra

You will be contacted within 5 business days to discuss your dispute. All disputes will be investigated and any changes will be updated within 30 days of receipt of this dispute.