CREDIT REPORT DISPUTE

Date: _____

Please identify which agency(s) you used to identify the disputed credit information:

- ☐ Equifax
- ☐ Experian
- ☐ TransUnion
- ☐ Innovis
- ☐ Other: _____

Name Of Person Completing This Form:

E-Mail Address:

Work Phone	Home Phone	Cell Phone	Contact Phone (9:00 a.m.-5:30 p.m. Alaska Time)

Name and Other Information As Shown On Credit Report Being Disputed:

Last Name	First Name	MI	Suffix (Jr., Sr. etc.)	Date of Birth	SSN

Residence Address	City	ST	Zip

Mailing Address	City	ST	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 credit union research your specific dispute, please state why you disagree with the credit union's reported information and why you believe the information is inaccurate. The credit union will acknowledge receipt of this dispute within 10 days by e-mail or regular mail.

Special Credits is the credit union department responsible for assisting members with resolution of credit reporting errors. The Special Credits Department office hours are 9:00 a.m. to 5:30 p.m. Alaska Time, Monday through Friday. To contact the Special Credits Department:

By Mail: Alaska USA Federal Credit Union
Attention: Special Credits
P.O. Box 196613
Anchorage, AK 99519-6613

By E-mail: specialcredits@alaskausa.org

By Telephone: In Anchorage and outside the United States: (907) 786-2000
Toll Free outside Anchorage: 1-800-992-2810 extension 2000