



tcb

thecooperativebank.com

40 Belgrade Ave · Roslindale, MA 01231 · 617.325.2900

Credit Bureau Data Dispute Form

Please complete as much information as possible for us to conduct an investigation of your dispute

Full Name _____ Social Security Number _____

Address _____ Home Phone _____

City / State / Zip _____ Work Phone _____

DOB _____ Fax Number _____

Please indicate which credit bureau data you are disputing:

- EXPERIAN
- EQUIFAX
- TRANSUNION

TCB ACCOUNT NUMBER IN DISPUTE (as listed on the credit report): _____

Please provide a copy of the credit report that supports your dispute.

Please check the appropriate boxes that best describe the information you believe to be incorrect:

- Balance**
 - Reported as \$ _____ Should be \$ _____
 - Account Paid Off

- Payment**
 - Payments not reported Payment Dates: _____
 - Not Past Due as Reported

- Status**
 - Incorrect Credit Status Reported as \$ _____ Should be \$ _____
 - Not My Loan
 - Other (please provide as much information as possible)

The Cooperative Bank as a credit information provider will investigate our historical records behind the TCB account number listed above. Notification of our findings will be made to you within 5 business days of receipt of this request. **SIGNATURE REQUIRED.**

SIGNATURE _____

DATE _____

Return this form to: LOAN SERVICING SUPERVISOR
THE COOPERATIVE BANK
40 BELGRADE AVENUE
ROSLINDALE, MA 02131

OR FAX TO: 617-325-2658