



# Credit Bureau Letter of Dispute

Please include all supporting documentation along with this form. Supporting documents may be in the form of account statements, proof of payments and or a copy of the section of your credit report pertaining to your dispute.

Per Federal Credit reporting Act (FCRA) guidelines, Security Service has 30 days to research and respond to disputes from the date of receipt. Disputes are handled in the order they are received.

Member Name: \_\_\_\_\_ (please print legibly)

Last four digits of Members Social Security Number XXX-XX-\_\_\_\_\_

Full Social Security Number for Non-Members of the Credit Union: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Members Address: \_\_\_\_\_ Members

City, State & Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Best Phone Number to be reached at: (\_\_\_\_\_) \_\_\_\_\_ Members

E-Mail Address: \_\_\_\_\_ (please print legibly)

Bureau(s) reporting the disputed information:  Equifax  Experian  Transunion  Other

THIS LETTER SERVES AS MY FORMAL DISPUTE ON ACCOUNT NUMBER: # \_\_\_\_\_

Reason for dispute:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please deliver this credit Bureau Letter of Dispute via mail or fax to:

Security Service Federal Credit Union

Asset Recovery Department

15000 IH 10 West, San Antonio, Texas 78249

Fax: (210) 444-3124