

# Credit Report Dispute Form

Simply fill in the form, sign your name, include a copy of the page of your credit report that you are disputing and any documentation (see below), then mail the form to us at the address listed below.

## Contact Information - Required

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

## Dispute Information - Required

Account Number: \_\_\_\_\_ Type of Account: DEPOSIT

Name on Account: \_\_\_\_\_

This information is inaccurate because:

- This is not my account.  This account is in bankruptcy.  
 I am a victim of identity theft.  I have paid this account in full.  
 I paid this before it went to collection or before it was charged off.  
 Other: \_\_\_\_\_

Have you previously made this dispute: YES / NO

If yes, please explain:  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please include a copy of the page of your credit report that contains the item you are disputing.***

**DO NOT SEND YOUR ENTIRE CREDIT REPORT**

## Documentation

Please include **photocopies** of documentation you may have that supports your dispute. Some examples are:

- For a bankruptcy: Chapter 7, 11, or 13 papers
- For a divorce: divorce agreement or other document showing the division of assets
- For identity theft: police report and/or affidavit(s)
- Cancelled checks:
- Correspondence about the account.
- If you have spoken to us about the account, the name of the Commerce employee and date of the conversation
- If you are disputing account ownership: a copy of state- issued ID or Social Security card with Social Security Number

## Mail

Commerce Bank  
Recovery Dispute Representative  
PO Box 419248  
Mailstop: KCREC-10  
Kansas City, MO 64141-6248  
Fax#: 816-234-7021