

Credit Report Dispute Form

Complete the form, sign your name, include a copy of the page of your credit report that you are disputing and any copies of any other documentation (see below) you would like to provide. Mail the completed 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: CARD LOAN

First Name on Account: _____

This information on the Credit Report is inaccurate because (check the appropriate box below):

- | | |
|---|---|
| <input type="checkbox"/> This is not my account. | <input type="checkbox"/> This account is in bankruptcy |
| <input type="checkbox"/> I am a victim of identity theft. | <input type="checkbox"/> This account is closed |
| <input type="checkbox"/> I have never paid late. | <input type="checkbox"/> I have paid this account in full |
| <input type="checkbox"/> I paid this before it went to collection or before it was charged off. | |
| <input type="checkbox"/> 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**

Other Documentation

If you have any other documentation that you want to provide to support your dispute only send copies of the documentation. Some examples are:

- For a bankruptcy: Chapter 7, 11, or 13 case number, district, and date filed
- For a divorce: divorce agreement or other document(s) 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
Credit Bureau Dispute Representative
PO Box 410857
Kansas City, MO 64141-0857
Fax#: 816-760-3748