



Consumer Direct Dispute Form

Believe you have an inaccuracy in your consumer report? Use this form to provide the Cooperative Bank of Cape Cod with the information to research the item for you. Simply follow the instructions provided, then bring this form to any branch or mail the form to:

The Cooperative Bank of Cape Cod
Attn: Loan Services
25 Benjamin Franklin Way
Hyannis, MA 02601

Instructions

- 1) Complete all sections of this form, then sign and date it.
- 2) Attach all supporting documentation to help us research your dispute (such as a copy of the relevant portion of the consumer report that contains the disputed information; a police report; a fraud or identity theft affidavit; a court order; or account statements).
- 3) Please use the back of this form for any additional comments or questions.

This request is for: EFunds/ Chexsystems or Experian/TransUnion/Equifax

1. Contact Information

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Phone: _____

2. Dispute Information

Creditor: The Cooperative Bank of Cape Cod Account Number: _____

This information is inaccurate because:

- | | |
|--|---|
| <input type="checkbox"/> This is not my account. | <input type="checkbox"/> I have never paid late. |
| <input type="checkbox"/> This account is in bankruptcy. | <input type="checkbox"/> This account is closed. |
| <input type="checkbox"/> I have paid this account in full. | <input type="checkbox"/> I paid this before it went to collection or was charged off. |
| <input type="checkbox"/> Other: _____ | |

3. Please explain why you are disputing this information

4. Signature: _____ **Date:** _____

Please note that The Cooperative Bank of Cape Cod reports to EFunds/ ChexSystems, Experian, TransUnion and Equifax