



DIRECT DISPUTE FORM

[For disputing information submitted to Consumer Reporting Agencies by Greater New Orleans Federal Credit Union]

In order for us to investigate your dispute, you must complete and submit this form to Greater New Orleans Federal Credit Union. Please submit to:

**By mail: Greater New Orleans Federal Credit Union
 Attn: Account Resolutions Dept.
 3105 Lime Street
 Metairie, LA 70006**

By fax: 504-459-8152

SECTION ONE – CONTACT INFORMATION <input type="checkbox"/> MEMBER <input type="checkbox"/> CO-BORROWER <input type="checkbox"/> GUARANTOR	
Name (Last, First, Middle Initial)	Account Number
Address	
City, State, Zip	
Social Security Number	Phone
SECTION TWO – DISPUTE INFORMATION	
This information is inaccurate because:	
<input type="checkbox"/> This is not my account. <input type="checkbox"/> I have never paid 30 days late. <input type="checkbox"/> This account was discharged in my bankruptcy. <input type="checkbox"/> This account is closed. <input type="checkbox"/> I have paid this account in full. <input type="checkbox"/> I paid this account before it was charged-off. <input type="checkbox"/> Other:	
SECTION THREE - ENCLOSURES	
List items you have enclosed which support your dispute:	
<input type="checkbox"/> Copy of your credit report showing the item being disputed. (Required) <input type="checkbox"/> Copy of bankruptcy filing notice or discharge notice. <input type="checkbox"/> Other:	
SECTION FOUR – ADDITIONAL COMMENTS	
Write additional comments to clarify or support your dispute:	

Signature: _____

Date: _____