



## Credit Report Dispute Form

This form is being provided to report inaccuracies you have found in your credit report related to credit obligations to The Cecilian Bank.

**Instructions:**

1. Complete the contact information thoroughly so that the Bank can contact you with follow-up of the investigation.
2. List each creditor and account number impacted by inaccuracies on the credit report and give the reason for the inaccuracy.
3. Include any additional documentation to substantiate the basis of the dispute, i.e. copy of the credit report with the inaccuracy, police report, court order, identity theft affidavit, etc.
4. Sign and mail to the address below or drop off at your nearest banking center location.

**Contact Information**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

**Disputed Account Information**

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**Item in dispute:**

Creditor: \_\_\_\_\_ 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"/> Account was paid before it went to collection |
| <input type="checkbox"/> Other: _____                      |  |

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| <input type="checkbox"/> Other: _____                      |  |

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

Mail to: The Cecilian Bank  
Attn: Loan Operations Department  
1808 N. Dixie Ave.  
Elizabethtown, KY 42701

or drop off at your nearest  
banking center location