



In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. You will then have the ability to print the form and mail it to ChexSystems.

## **REQUEST FOR INVESTIGATION**

Please complete this form and mail it to Chex Systems, Inc., Attn: Consumer Relations, PO Box 583399, Minneapolis, MN 55458.

Investigations are completed within approximately thirty days (twenty one days for residents of Maine). If you provide additional information or documentation relevant to the dispute during the investigation, the investigation may be extended by up to 15 days. Once the investigation is completed, ChexSystems will notify you of the results by mail.

Please provide all information below. If you have documentation to support your dispute, please include a copy (do not include original document.)

### **SECTION 1 – PERSONAL IDENTIFIERS**

Consumer ID (obtain from consumer report): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

U.S. SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

### **SECTION 2 – REQUEST FOR INVESTIGATION**

Please provide the information below for each disputed item.

1. Source of disputed information: \_\_\_\_\_ Date listed on item: \_\_\_\_\_

Type of disputed information: \_\_\_\_\_

Please explain why you dispute this information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Source of disputed information: \_\_\_\_\_ Date listed on item: \_\_\_\_\_

Type of disputed information: \_\_\_\_\_

Please explain why you dispute this information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Source of disputed information: \_\_\_\_\_ Date listed on item: \_\_\_\_\_

Type of disputed information: \_\_\_\_\_

Please explain why you dispute this information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date