



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 either mail or fax it to ChexSystems.

REQUEST FOR INVESTIGATION

Please complete this form and mail it to ChexSystems, Attn: Consumer Relations, PO Box 583399, Minneapolis, MN 55458 or fax it to 602.659.2197.

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