



In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. Then print the form and either mail or fax it to ChexSystems.

REQUEST FOR CONSUMER STATEMENT

You are entitled to add a statement to any item of information contained in your consumer file. Should you wish to add a statement, 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. If you would like assistance in writing a clear summary of your dispute statement, please contact ChexSystems at 800-513-7125. Please be advised that if you choose to include personal information, such as medical data, in the content of your consumer statement, that information will not be masked or removed and will be included in the delivery of your consumer report to any party inquiring about you.

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 CONSUMER STATEMENT

Please provide the information below for each item to which you wish to add your statement.

1. Type of information: _____

Source of information: _____ Date listed on item: _____

2. Type of information: _

Source of information: _ Date listed on item: _

3. Type of information: _

Source of information: _ Date listed on item: _

Please provide the exact text you wish to be added as your statement. Use additional pages if needed. Please limit your statement to 100 words (200 words for residents of Maine). Your statement must be written in your own words, and may not contain names of any other individuals or companies not associated with the information. Use additional pages if needed.

Consumer Signature

Date