



**KINECTA**<sup>™</sup>  
FEDERAL CREDIT UNION

1440 Rosecrans Ave.  
Manhattan Beach, CA 90266  
800.854.9846 • www.kinecta.org

CONSUMERLENDING

## CONSUMER CREDIT REPORTING DISPUTE FORM

Upon receipt of this completed packet, Kinecta Federal Credit Union "Kinecta" will research your claim. Kinecta will resolve your claim within thirty (30) days of receiving the notice or will contact you directly for additional information. Please contact 800.854.9846 if you have additional questions regarding your claim.

### Dispute Claim Instructions

A Consumer Credit Reporting Dispute Claim is requested when member information has been reported to a Consumer Reporting Agency (ChexSystems®, Experian, Equifax, TransUnion) inaccurately by Kinecta. A written letter containing all the information in the provided form is also acceptable in place of this form.

You may directly dispute inaccurate information on a consumer report through Kinecta for information reported by us. Disputes may be submitted by one of the following methods:

1. Visit any Kinecta Member Service Center
2. **Mail to: Kinecta Federal Credit Union**  
Attn: Loan Servicing CU/77  
PO Box 10003  
Manhattan Beach, CA 90267
3. Through On-line Banking at [www.kinecta.org](http://www.kinecta.org)
4. Fax: 310.727.8225

**All** dispute forms must be completed in its entirety and you should provide all supporting documentation (i.e. statements, letters, credit reports, etc.). Kinecta recommends you make a copy of all submitted documents for your records.

A timely submission of this form is critical to the resolution of your claim. Any supporting documentation should be submitted with this form to ensure prompt resolution.

**NOTE:** *The thirty (30) day investigation period begins when all information needed to complete the investigation is provided.*

Kinecta is not required to investigate complaints or may deem the claim as irrelevant or frivolous under the following circumstances:

1. Kinecta reasonably previously concluded the claim was frivolous or irrelevant.
2. Kinecta does not have sufficient information to investigate your claim.
3. The disputed information provided is substantially similar as a previously provided for other disputes, and Kinecta has already satisfied its obligation to investigate the claim.

If the complaint is determined to be frivolous or irrelevant, Kinecta will notify you within five (5) business days of making this determination.



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<b>SECTION 1</b>	MEMBER NAME (as it appears on your account)		MEMBER NUMBER
	ADDRESS		
	CITY	STATE	ZIP
	DAYTIME PHONE	EVENING PHONE	

<b>SECTION 2</b>	Once Kinecta has received all required information, we are required to conduct a reasonable investigation of a direct dispute if it relates to any of the following: (Multiple reasons may occur)		
	<p><b>Dispute Reasons</b></p> <p><b>1)</b> Member's liability for a credit account or other debt with Kinecta (i.e. a direct dispute relating to whether there is individual or joint liability on an account or whether the consumer is an unauthorized user of a credit account).</p> <p><b>2)</b> The terms of a credit account or other debt with Kinecta relating to the type of account, principal balance, scheduled payment amount on an account, or the amount of the credit limit on an open-end account.</p> <p><b>3)</b> Consumer or Credit reporting related to the current payment status, high balance, payment date, payment amount, or the date an account was opened or closed.</p> <p><b>4)</b> Any other information contained in a consumer report regarding an account or other relationship with Kinecta that bears on the consumer's creditworthiness, credit standing or credit capacity.</p>		
If you have any questions, please contact Kinecta's Member Contact Center at 800.854.9846 or visit a Member Service Center near you.			

<b>SECTION 3</b>	<b>Detailed explanation of dispute is required.</b> (If additional information is needed, please submit supporting documentation)		

CREDIT UNION USE ONLY			
DEPT / BR RECEIVED BY	RECEIVED BY (SIGNATURE)	TELLER #	DATE
DEPARTMENT PROCESSED BY	PROCESSED BY (SIGNATURE)	TELLER #	DATE

Upon receipt submit the form and all the supporting documentation to **Loan Servicing CU/77**