

## **Credit Report Dispute Form**

## Instructions for completing this form:

Please complete each field below and identify the specific information that is being disputed and the basis for the dispute. If you need more space than what is provided below, or have copies of supporting documentation to substantiate the basis of the dispute, please provide it along with this form. This form must be signed and dated by the disputing member in order to be acted upon by APCU/Center Parc. Mail form, along with supporting documents, to the following address:

APCU/Center Parc
Attn: Collections Department
3900 Crown Road
Atlanta, GA 30380
Or fax to: (404) 768-0815
Email: info@apcu.com

Name:		Account/Loan ID:	
Address:	City:	State:	Zip:
Primary Phone Number	Secondary Phone Number	E-mail Addr	ess
	ils and the basis for your dispute: tions of the complaint along with information	n regarding the prod	duct or service which is
☐ Check if additional docume	nts are attached.		
Reporting Act. A dispute will be cocredit bureaus or directly to us an	on within 30 days of our receiving this disconsidered invalid if: a) A substantially similar d we have investigated, responded, and met y from a credit repair organization. c) Inform	dispute was submi	itted previously through the er the Fair Credit Reporting
auto-dialed and pre-recorded me	iding a wireless telephone number (i.e., cell ssage calls, from APCU/Center Parc or its to ontacted on your wireless telephone number(	third party debt col	lector at that number. You
Member S			Date
	For Credit Union Use		
Dispute received by:		Date:	