



Credit Dispute Form

In order to submit a credit dispute, please complete and print this fillable form. Mail the form enclosed with copies of the consumer / credit report that reflects the alleged inaccurate information and any supporting documents. Supporting documents may include, but are not limited to: fraud or identity theft affidavit, police report, legal documents /court orders, account statements etc. This form along with the credit report and all supporting documents must be submitted together in the same envelope or mail carrier and mailed to: Regions Mortgage, Attn: Credit Department, PO Box 110, Hattiesburg MS 39403-0110.

Consumer Information

| | | | |
|------------------------|-------|------------------------|----------------------------|
| Last Name: | _____ | First Name: | _____ |
| Middle Name: | _____ | Generation Code: | _____ |
| Prev. Last Name: | _____ | Prev. First Name: | _____ |
| Prev. Middle Name: | _____ | Prev. Generation Code: | _____ |
| SSN: | _____ | Date Of Birth: | _____ |
| Telephone Number: | _____ | | |
| Street Address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Prev. Street Address: | _____ | | |
| Prev. City: | _____ | Prev. State: | _____ Prev. Zip: _____ |
| 2nd Prev. Street Addr: | _____ | | |
| 2nd Prev. City: | _____ | 2nd Prev. State: | _____ 2nd Prev. Zip: _____ |

Associated Consumer Information

| | | | |
|-------------------|-------|------------------|------------------|
| Last Name: | _____ | First Name: | _____ |
| Middle Name: | _____ | Generation Code: | _____ |
| SSN: | _____ | Date Of Birth: | _____ |
| Telephone Number: | _____ | | |
| Street Address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |

Please provide a detailed explanation of the basis for the dispute

Signed By _____ Date _____