



**CONSUMER REQUEST FOR REINVESTIGATION**

ChexSystems will reinvestigate any item listed in your consumer report that you believe may be inaccurate or incomplete. In order for a reinvestigation to be initiated, please complete this form and mail it to ChexSystems, Attn: Consumer Relations, 7805 Hudson Road, Suite 100, Woodbury, MN, 55125 or fax it to 602-659-2197. ChexSystems will contact the source of the information to notify them of your dispute and will inform you of the results of the reinvestigation by mail within approximately 30 days. In order for us to perform a complete reinvestigation, please provide all of the following information:

**SECTION 1 – CONSUMER PERSONAL IDENTIFIERS**

Consumer ID (obtain from consumer report): \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Tax ID#: \_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

**SECTION 2 – REQUEST FOR REINVESTIGATION**

If disputing multiple items please provide the information below for each disputed item. Use additional paper if needed.

1. Source of Disputed Information: \_\_\_\_\_  
Account number: \_\_\_\_\_ Date listed on disputed item: \_\_\_\_\_

2. Source of Disputed Information: \_\_\_\_\_  
Account number: \_\_\_\_\_ Date listed on disputed item: \_\_\_\_\_

3. Source of Disputed Information: \_\_\_\_\_  
Account number: \_\_\_\_\_ Date listed on disputed item: \_\_\_\_\_

4. Source of Disputed Information: \_\_\_\_\_  
Account number: \_\_\_\_\_ Date listed on disputed item: \_\_\_\_\_

Nature of dispute:  
Please provide a detailed explanation of your specific dispute of each item. Use additional paper if needed.

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\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date