Credit Report Dispute Form

Instructions:
- Provide the requested information in the below blanks;
- Include a copy of the page of the credit report that you are disputing;
- Provide copies of any other documentation you believe supports your dispute;
- Sign the form; and
- Mail the completed form with copies to the address listed below.

Contact Information - Required

Name:_____Birth Date_____

Address:_____

City:_____State:_____Zip:_____

Social Security Number:_____Phone:_____

Dispute Information - Required

Account Number:_____   Type of Account: ☐ CARD   ☐ LOAN

First Name on Account: _____

This information on the Credit Report is inaccurate because (check the appropriate box below):

__ This is not my account   __ This account is in bankruptcy
__ I am a victim of identity theft   __ This account is closed
__ I have never paid late   __ I have paid this account in full
__ I paid this before it went to collection or before it was charged off
__ I did not apply for an account with Commerce Bank
__ The inquiry was made without my knowledge or consent

Other:_____

_____

Have you previously made this dispute:____Yes __ No

If yes, please explain: _____

_____

_____

Signature: _____   **Date:** _____

Please include a copy of the page of your credit report that contains the item you are disputing. DO NOT SEND YOUR ENTIRE CREDIT REPORT

Other Documentation:

If you have any other documentation that you believe support your dispute, please only send copies of the documentation. Some examples of these documents might include:

- *For a bankruptcy: Chapter 7, 11, or 13 case number, district, and date filed*
- *For identity theft: police report and/or affidavit(s)*
- *Cancelled checks*
- *Correspondence about the account*
- *If you have spoken to us about the account, the name of the Commerce employee and date of the conversation*
- *If you are disputing account ownership: a copy of state-issued ID or Social Security card with Social Security Number*
- *Copy of Alert Notification from your credit monitoring service*

Mail Documents to:
Commerce Bank
PO Box 410857
Kansas City, MO 64141-0857
Fax#: 816-760-3748