

DISPUTE FORM

Please complete the entire form and return it to:

Consumer Office
Aire
1300 I Street NW, Suite 400E,
Washington, District of Columbia, 20005

Consumer Information:

Full legal name	
Other names used (incl. former names, nicknames, maiden names)	

Street Address		Apt.#
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City:	State:	ZIP:
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Home telephone number	
Business telephone number	

Date of birth	
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Social Security number	
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Information disputed (attached additional sheets if necessary)

Account #	
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Authorization date	
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Authorization time	
--------------------	--

Amount	
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Reason for dispute	
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Your signature:

Date: