



Dear Consumer:

In order for us to proceed with the reinvestigation of your dispute you must complete and return the following paperwork **along with providing a clear copy of a government issued photo identification. Enlarge identification document** as it greatly enhances its legibility. You can mail, fax, or email these documents to us. **If the copy of your photo identification is not clear the reinvestigation will be delayed**

Mail, fax or email to:

ATTN: Compliance Department
AccuSource, Inc.
11811 N. Tatum Blvd., Suite 3031
Phoenix, AZ 85028

Fax: 951-734-0884

Email: disputes@accusource-online.com

We will reinvestigate your disputed information free of charge within 30 days. If we determine the dispute is related to data from a third party, we will convey notice of the dispute to each data furnisher that is subject to your dispute. Each data furnisher will complete the reinvestigation within 30 days from the day they receive the notification of your dispute. Once completed, they will forward the results of the reinvestigation to AccuSource. We will then provide you with the reinvestigation results we received from each data furnisher.

Please note that if you provide us with additional, relevant information prior to the time of completion of the original reinvestigation, the time period for reinvestigation may be extended up to 45 days.

We will also notify the employer who requested your background investigation of your dispute, as well as provide them with our findings once the reinvestigation has concluded.

If you have any questions concerning this matter, please contact us at 888.649.6272.

Sincerely,
Compliance Department



NOTICE OF CONSUMER DISPUTE

INSTRUCTIONS: In order to process the dispute of your consumer report you must complete, sign, and return all pages of this form. YOU MUST ALSO SEND US A COPY OF YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION BEARING YOUR SIGNATURE. Please call AccuSource Compliance Department at 888.649.6272 if you have any questions.

***** PRINT USING BLACK INK *****

Last Name: _____ First Name: _____

Other names used (including maiden name): _____

Last 4 Digits of SSN: _____ Date of Birth: _____

Mailing Address: _____
Street Address

City State Zip

Telephone: (Home) _____ and/or (Work) _____

Signature: _____ Date: _____

NOTE: A hand-written signature is required

By checking this box, I agree and consent to receiving electronic communications including, but not limited to, documents, notices and disclosures, which AccuSource, Inc. provides in connection with my consumer report. I understand that I also have the option to receive this communication via United States Postal Mail if requested, but unless otherwise specified; all communication regarding my dispute will be delivered and received via electronic communication.



AUTHORIZATION FOR REINVESTIGATION OF CONSUMER DISPUTE

You have requested that AccuSource, Inc. reinvestigated the consumer report that was conducted on you. By signing below, you hereby authorize without reservation, any party or agency contacted by AccuSource, Inc., to furnish any information needed to complete the reinvestigation of your consumer dispute. Further, you understand this release will permit any present or former employer, school, police department, criminal record depository, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish AccuSource, Inc. with any and all background information in their possession regarding you, that is required to complete the reinvestigation of your consumer dispute.

You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Print/Type your First and Last Name: _____

Last 4 Digits of SSN: _____ Date of Birth: _____

Signature: _____

NOTE: A hand-written signature is required



I wish to dispute the accuracy and/or completeness of the information appearing in my consumer report concerning the screening elements that I have checked below.

- Criminal Record
- Driving Record
- Employment Verification
- Education Verification
- Credit
- Other

Please provide a detailed explanation of the information that you are disputing:

Check this box and attach a separate sheet if you need more space



If you are disputing information specifically related to the Credit Report contained in your background screening report, you will need to complete and provide the following additional pages:

TransUnion Consumer Dispute Information:

Please provide details on why items on your credit report may be inaccurate. **(Make copies if more than 3 accounts)**

Company Name: _____

Account #: _____

This information is inaccurate because:

This is not my account

I have never paid late

This account is in bankruptcy

This account is closed

I have paid this account in full

I paid this before it went to collection or before it was charged off

Other: _____



Company Name: _____

Account #: _____

This information is inaccurate because:

This is not my account

I have never paid late

This account is in bankruptcy

This account is closed

I have paid this account in full

I paid this before it went to collection or before it was charged off

Other: _____

Company Name: _____

Account #: _____

This information is inaccurate because:

This is not my account

I have never paid late

This account is in bankruptcy

This account is closed

I have paid this account in full

I paid this before it went to collection or before it was charged off

Other: _____

Enter Previous Address/Employer Corrections and Additional Comments

(Optional): Please use this space for corrections to your previous address information, corrections to your previous employer information and for additional comments.