

**SHON
LAQUAN**

**CREDIT REPAIR
LETTERS TOOLKIT**



■ Dispute Letter Package

1. Universal Dispute Letter

Use: General dispute to challenge inaccurate or unverifiable items.

Send To: Credit Bureau

2. Medical Debt Dispute Letter

Use: Requests validation or removal of medical debt while protecting privacy under HIPAA.

Send To: Collection Agency or Credit Bureau

3. Collection Dispute Letter (for Creditor)

Use: Challenges or validates collection accounts reported by creditors.

Send To: Creditor / Furnisher

4. Late Payments Dispute Letter

Use: Disputes inaccurate or unverified late payments.

Send To: Credit Bureau

5. Charge-Off Dispute Letter (for Creditor)

Use: Corrects inconsistent charge-off reporting, such as interest or fees added after charge-off.

Send To: Creditor / Furnisher

6. Charge-Off Dispute Letter (for Credit Bureau)

Use: Requests the bureau to verify and correct charge-off entry details.

Send To: Credit Bureau

7. Bankruptcy Dispute Letter

Use: Requests proof that bankruptcy details were verified directly from the court.

Send To: Credit Bureau

8. Hard Inquiries Dispute Letter

Use: Disputes unauthorized or unverified hard inquiries.

Send To: Credit Bureau

9. Debt Validation Letter

Use: Requests proof of debt from a collector before they continue collection efforts.

Send To: Collection Agency

10. Method of Verification Request Letter

Use: Demands that the bureau explain how they verified disputed information.

Send To: Credit Bureau

11. Pay-for-Delete Letter

Use: Offers payment in exchange for removal of a negative account.

Send To: Collection Agency or Creditor

12. Cease and Desist Letter

Use: Stops collectors from contacting you further under the FDCPA.

Send To: Collection Agency

13. Identity Theft Dispute Letter (for Bureaus)

Use: Removes fraudulent accounts from your credit file caused by identity theft.

Send To: Credit Bureau

14. Identity Theft Dispute Letter (for Creditors)

Use: Notifies a creditor or furnisher of fraudulent accounts opened in your name.

Send To: Creditor / Furnisher

15. Debt Settlement Offer Letter

Use: Proposes a reduced settlement to resolve the debt without admitting liability.

Send To: Creditor or Collection Agency

16. Goodwill Adjustment Request Letter

Use: Requests a goodwill removal of late payments due to special circumstances.

Send To: Creditor

17. Statute of Limitations Defense Letter

Use: Informs collectors that the debt is too old to be legally collected.

Send To: Collection Agency

18. Paid Collection Still Reporting Letter (for Bureaus)

Use: Requests correction or removal of paid collection accounts still showing as unpaid.

Send To: Credit Bureau

19. Paid Collection Still Reporting Letter (for Creditor)

Use: Requests creditor to update or remove accounts already paid in full.

Send To: Creditor

20. Re-Insertion of Deleted Information Dispute Letter

Use: Disputes the re-insertion of items that were previously deleted.

Send To: Credit Bureau

21. Inquiry Dispute Letter (for Creditor)

Use: Requests proof of authorization for a credit inquiry.

Send To: Creditor / Lender

22. Account Not Mine Dispute Letter (for Creditor)

Use: Requests proof that an account belongs to you or have it removed.

Send To: Creditor

23. Inquiry Dispute Letter (for Bureaus)

Use: Requests removal of unverified credit inquiries.

Send To: Credit Bureau

24. Student Loan Dispute Letter (for Creditor)

Use: Requests validation of loan accuracy, status, and payment history.

Send To: Creditor / Loan Servicer

25. Student Loan Dispute Letter (for Bureaus)

Use: Disputes inaccurate student loan information on your credit report.

Send To: Credit Bureau

26. Consumer Statement Removal Letter

Use: Requests removal of a consumer statement you previously added.

Send To: Credit Bureau

27. Re-Dispute Follow-Up Letter (for Creditor)

Use: Follows up when a creditor fails to respond properly to a previous dispute.

Send To: Creditor

28. Furnisher Failure to Respond Letter (for Creditor)

Use: Holds the creditor responsible for not replying to a prior dispute.

Send To: Creditor

29. Re-Dispute Follow-Up Letter (for Bureaus)

Use: Requests a new review by the bureau if a dispute was not properly investigated.

Send To: Credit Bureau

30. Obsolete Information Dispute Letter

Use: Requests removal of outdated or incorrect personal information.

Send To: Credit Bureau

31. Re-Aged Debt Dispute Letter

Use: Challenges illegal re-dating of delinquent accounts to extend reporting time.

Send To: Creditor or Collection Agency

32. Account Not Mine Dispute Letter (for Bureaus)

Use: Requests removal of accounts that don't belong to you.

Send To: Credit Bureau

33. Outdated Information Removal Letter (for Creditor)

Use: Requests removal of accounts older than the seven-year reporting limit.

Send To: Creditor

34. Furnisher Failure to Respond Letter (for Bureaus)

Use: Requests deletion of accounts because the furnisher didn't respond to the bureau.

Send To: Credit Bureau

35. Outdated Information Removal Letter (for Bureaus)

Use: Requests removal of negative accounts past the reporting limit.

Send To: Credit Bureau

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau / Data Furnisher

Mailing Address

City, State, ZIP Code

Re: Formal Dispute of Inaccurate Reporting on My Credit File

To Whom It May Concern,

I am writing to dispute the accuracy and completeness of certain items currently appearing on my credit file.

I am exercising my rights under the Fair Credit Reporting Act (FCRA) §602, §607(b), and §611, and where applicable, the Fair Debt Collection Practices Act (FDCPA) §809 [15 U.S.C. §1692g], as well as the industry-standard Metro 2 reporting guidelines.

As the law requires, information you report must be accurate, complete, verifiable, and reported in a manner that does not mislead or harm my consumer credit profile.

Under FCRA §611(a), the credit bureau is obligated to conduct a reasonable reinvestigation and delete or correct any information that cannot be verified.

If the item involves a debt collector or furnisher, FDCPA §809 requires them to produce

proper validation, including a copy of the original signed agreement and a full accounting of the alleged obligation.

Furthermore, Metro 2 guidelines require uniform coding of accounts.

Any deviation or inconsistent reporting—such as reporting an account as charged-off while continuing to accrue new interest, or mis-dating payment history—is inaccurate and must be corrected or removed.

I demand that you provide documented proof that substantiates the accuracy of each disputed item.

If you cannot provide verifiable documentation within the statutory time frame, you must immediately delete the disputed information from my credit file.

I also require a written explanation of the outcome of your investigation.

Enclosed is a copy of my government-issued ID and a recent utility bill for verification purposes.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Collection Agency / Furnisher

Mailing Address

City, State, ZIP Code

Re: Dispute of Medical Debt Reporting

To Whom It May Concern,

I am disputing the accuracy and reporting of the medical debt currently appearing on my credit file.

I am exercising my rights under the Fair Credit Reporting Act (FCRA) §602, §607(b), and §611, and the Fair Debt Collection Practices Act (FDCPA) §809 [15 U.S.C. §1692g], as well as the privacy protections provided under the Health Insurance Portability and Accountability Act (HIPAA).

All information reported must be accurate, complete, verifiable, and must comply with federal law.

You are required to provide:

1. Full validation of the alleged debt, including a copy of the original signed agreement or treatment authorization and an itemized statement of charges.
2. Documentation that proves you have the legal right to collect this debt, including any assignment from the original medical provider.
3. Proof that any medical information shared with you or the credit bureaus was disclosed in compliance with HIPAA.
4. Evidence that the reporting of this account complies with Metro 2 industry reporting standards.

If you cannot fully validate the debt and provide the required documentation within the time allowed by law, you must immediately cease all collection activity and request deletion of the account from all credit bureaus.

Enclosed is a copy of my government-issued ID and a recent utility bill for verification purposes.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Collection Agency

Mailing Address

City, State, ZIP Code

Re: Dispute of Collection Account

To Whom It May Concern,

I am disputing the accuracy of the collection account currently reported on my credit file. I am exercising my rights under the Fair Debt Collection Practices Act (FDCPA) and the Fair Credit Reporting Act (FCRA), as well as the Metro 2 reporting guidelines.

You are required to provide:

1. Complete validation of the alleged debt, including a copy of the original signed agreement and full accounting of the obligation.
2. Documentation proving your legal right to collect this debt, including any assignment or chain of title from the original creditor.
3. Proof that the information you are reporting to the credit bureaus is accurate and verifiable.

If you cannot produce the requested validation and documentation within the time allowed by law, you must immediately cease collection activity and request deletion of the account from all credit reporting agencies.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Late Payment Reporting

To Whom It May Concern,

I am disputing the accuracy of late payment entries currently being reported on my credit file. I am exercising my rights under the Fair Credit Reporting Act (FCRA) and the Metro 2 reporting standards.

The reported late payments appear to be inaccurate, unverifiable, or were not reported in compliance with the proper notice and procedures required by law.

I request that you conduct a thorough reinvestigation of the late payment records, including obtaining and reviewing full billing statements, payment histories, and evidence of proper notice before the reporting of each late payment.

If the reported late payment entries cannot be fully verified as accurate and compliant with federal law and Metro 2 standards, they must be corrected or deleted from my credit report.

Enclosed is a copy of my government-issued ID and a recent utility bill for verification purposes.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor

Mailing Address

City, State, ZIP Code

Re: Dispute of Charge-Off Reporting

To Whom It May Concern,

I am disputing the accuracy of the charge-off entry currently reported on my credit file. I am exercising my rights under the Fair Credit Reporting Act (FCRA) and the Metro 2 reporting guidelines.

The account in question is reported as charged-off but continues to accrue interest or fees, or contains inconsistencies in the reporting such as status codes, balance amounts, or date of first delinquency.

You are required to provide:

1. Documentation confirming the charge-off date and the contractual basis for any interest or fees assessed after the charge-off.
2. Complete account history demonstrating proper reporting and compliance with Metro 2 standards.
3. Verification that all reported fields, including balance and delinquency dates, are accurate.

If you cannot verify the accuracy of the reported charge-off, you must promptly correct or delete the account information from my credit file.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Charge-Off Reporting

To Whom It May Concern,

I am disputing the accuracy of the charge-off entry currently reported on my credit file. I am exercising my rights under the Fair Credit Reporting Act (FCRA) and the Metro 2 reporting guidelines.

The account in question is reported as charged-off but continues to accrue interest or fees, or contains inconsistencies in the reporting such as status codes, balance amounts, or date of first delinquency.

You are required to provide:

1. Documentation confirming the charge-off date and the contractual basis for any interest or fees assessed after the charge-off.
2. Complete account history demonstrating proper reporting and compliance with Metro 2 standards.
3. Verification that all reported fields, including balance and delinquency dates, are accurate.

If you cannot provide documentation to validate the accuracy of the reported charge-off, you must promptly correct or delete the account information from my credit file.

Enclosed is a copy of my government-issued ID and a recent utility bill for verification purposes.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Bankruptcy Reporting

To Whom It May Concern,

I am disputing the accuracy of the bankruptcy record reported on my credit file. Under the Fair Credit Reporting Act (FCRA), you are required to report only accurate and verifiable information.

Bankruptcy filings are maintained by the courts, not by the credit bureaus or third-party data furnishers.

Therefore, I am requesting documented proof that you obtained and verified this information directly from the appropriate court and that it matches the details reported on my credit file.

If you cannot provide documented verification from the court itself confirming the accuracy and completeness of the reported bankruptcy, you must immediately delete the bankruptcy entry from my credit report.

Enclosed is a copy of my government-issued ID and a recent utility bill for verification purposes.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Unauthorized Hard Inquiries

To Whom It May Concern,

I am disputing certain hard inquiries appearing on my credit file that I do not recognize or authorize.

Under the Fair Credit Reporting Act (FCRA), a credit bureau may only include inquiries on a consumer's credit file if there is a permissible purpose.

I am requesting that you provide proof of written authorization or a permissible purpose for each of the disputed inquiries.

If you cannot provide such proof, you must promptly remove the unauthorized inquiries from my credit report.

Enclosed is a copy of my government-issued ID and a recent utility bill for verification purposes.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Collection Agency

Mailing Address

City, State, ZIP Code

Re: Debt Validation Request

To Whom It May Concern,

I am requesting validation of the debt you allege I owe, as is my right under the Fair Debt Collection Practices Act (FDCPA) §809 [15 U.S.C. §1692g].

Please provide the following:

1. The name and address of the original creditor.
2. A copy of the original signed agreement that created the obligation.
3. A detailed accounting of the alleged debt, including the principal, interest, fees, and any payments made.
4. Documentation proving your legal right to collect this debt, including the full chain of assignment or transfer from the original creditor to your agency.

Until you provide the requested validation, you must cease all collection activity, including reporting this account to any credit bureau or pursuing any form of collection action.

If you cannot provide the required documentation, you must promptly notify all credit reporting agencies to delete any reference to this account.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Method of Verification Request – FCRA §611(a)(7)

To Whom It May Concern,

I am writing in reference to the results of your reinvestigation of items I disputed on my credit report. I am not satisfied with your response and am now requesting, as is my right under the Fair Credit Reporting Act (FCRA) §611(a)(7), that you provide a detailed description of the method used to verify the accuracy and completeness of the disputed information.

Please include in your response:

1. The name, address, and telephone number of each person or entity you contacted in the course of your investigation.
2. Copies of any documents or records that were used to verify the information.
3. A full explanation of how the information was determined to be accurate and compliant with reporting standards.

If you cannot provide this information, you must delete the disputed item from my credit report as required by federal law.

Enclosed is a copy of my government-issued ID and a recent utility bill for verification purposes.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Collection Agency / Creditor

Mailing Address

City, State, ZIP Code

Re: Pay for Delete Agreement

To Whom It May Concern,

I am writing regarding the account listed on my credit report that is being reported by your organization.

While I do not acknowledge full responsibility for this alleged debt, I am willing to offer payment in exchange for the removal of all references to this account from my credit report with all major credit bureaus (Experian, Equifax, and TransUnion).

I am proposing a settlement amount of \$_____, contingent upon your written agreement that upon receipt of this payment, your organization will request the deletion of the account from all credit reporting agencies.

If you agree to this arrangement, please provide a written confirmation on your company letterhead, signed by an authorized representative, before I remit any payment.

Please understand that this letter is not an acknowledgment of the debt but an attempt to resolve the matter amicably while ensuring that my credit record is accurately updated.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Collection Agency

Mailing Address

City, State, ZIP Code

Re: Cease and Desist Request – FDCPA §805(c) [15 U.S.C. §1692c(c)]

To Whom It May Concern,

I am formally requesting that you cease all communication with me regarding any alleged debt, as is my right under the Fair Debt Collection Practices Act (FDCPA) §805(c) [15 U.S.C. §1692c(c)].

You are no longer permitted to contact me by phone, mail, email, or any other means except to inform me of one of the following:

1. That you are ceasing further efforts to collect the alleged debt.
2. That you may invoke specified remedies which are ordinarily invoked by your agency.

Failure to comply with this request will constitute a violation of federal law and may result in a complaint being filed with the Consumer Financial Protection Bureau (CFPB) and the Federal Trade Commission (FTC).

This letter is not an admission of liability for any alleged debt. It is solely an assertion of my right to stop further communication.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Fraudulent Account Due to Identity Theft

To Whom It May Concern,

I am writing to dispute the accuracy of the account(s) listed below, which I believe to be the result of identity theft.

I am exercising my rights under the Fair Credit Reporting Act (FCRA) §605B [15 U.S.C. §1681c-2] and §611 [15 U.S.C. §1681i], as well as the protections provided by the Fair and Accurate Credit Transactions Act (FACTA). These laws require the removal or blocking of fraudulent accounts and mandate a reinvestigation of disputed information.

These accounts were not opened or authorized by me. Therefore, they should not be reported on my credit file.

Enclosed are copies of the following documents to verify my identity and support my claim:

1. A government-issued photo ID
2. A recent utility bill for proof of address
3. A copy of the police report or FTC Identity Theft Report (if available)

Please conduct a thorough investigation and remove all fraudulent information. I also request that you send me written confirmation once the investigation is completed and the account(s) have been removed.

This letter is a formal assertion of my rights as a victim of identity theft.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Collection Agency

Mailing Address

City, State, ZIP Code

Re: Dispute of Fraudulent Account Due to Identity Theft

To Whom It May Concern,

I am writing to dispute the accuracy of the account(s) listed below, which I believe to be the result of identity theft.

I am exercising my rights under the Fair Credit Reporting Act (FCRA) §605B [15 U.S.C. §1681c-2] and §611 [15 U.S.C. §1681i], as well as the protections provided by the Fair and Accurate Credit Transactions Act (FACTA). These laws require the removal or blocking of fraudulent accounts and mandate a reinvestigation of disputed information.

These accounts were not opened or authorized by me. Therefore, they should not be reported on my credit file.

Please conduct a thorough investigation and remove all fraudulent information. I also request that you send me written confirmation once the investigation is completed and the account(s) have been removed.

This letter is a formal assertion of my rights as a victim of identity theft.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To: _____

Creditor / Collection Agency

Mailing Address

City, State, ZIP Code

Re: Debt Settlement Offer

To Whom It May Concern,

I am writing regarding the account that is currently being reported by your organization.

Although I do not acknowledge full liability for this debt, I am willing to offer a settlement amount of \$_____ as a good faith effort to resolve the matter.

This offer is contingent upon your written agreement that:

1. The settlement amount will be accepted as payment in full for the alleged debt.
2. You will consider the account satisfied and will not pursue any further collection activity.
3. You will update the reporting to all credit bureaus to reflect the account as Paid in Full or remove it entirely, as agreed upon in writing.

Please confirm your acceptance of this settlement in writing on your company letterhead, signed by an authorized representative, before I remit any payment.

This letter is not an admission of liability for the debt; it is an attempt to resolve the matter amicably.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Lender

Mailing Address

City, State, ZIP Code

Re: Goodwill Adjustment Request

To Whom It May Concern,

I am writing to respectfully request a goodwill adjustment regarding one or more late payments reported on my account.

I have been a customer in good standing with your organization and have maintained a strong payment history, with the exception of the late payment(s) in question. These were due to unforeseen circumstances, but I have since resolved the issue and returned to consistent, on-time payments.

Given my overall history with your company and my commitment to maintaining a positive credit profile, I am kindly requesting that you consider removing the late payment(s) from my credit report as a goodwill gesture.

Your cooperation in granting this request would mean a great deal to me and will help me continue building a strong financial future while remaining a loyal customer.

Thank you in advance for your understanding and consideration.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Collection Agency / Creditor

Mailing Address

City, State, ZIP Code

Re: Statute of Limitations Defense - Time Barred Debt

To Whom It May Concern,

I am writing in response to your attempts to collect the referenced debt.

Based on my records, the debt you are attempting to collect is beyond the statute of limitations for legal action in my state. As such, you cannot sue to collect this debt, and any attempt to do so would be a violation of the Fair Debt Collection Practices Act (FDCPA).

I am formally requesting that you cease all collection efforts on this time barred debt and that you do not sell or transfer this account to another collection agency.

Please confirm in writing that you will comply with this request. Be advised that I am aware of my rights and will report any violations to the Consumer Financial Protection Bureau (CFPB)

and the Attorney General's office in my state.

This letter is not an admission of liability for the debt; it is a lawful assertion of my rights regarding time barred debt.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Paid Collection Still Reporting – FCRA Section 611 [15 U.S.C. 1681i]

To Whom It May Concern,

I am writing to dispute the reporting status of the following collection account(s) that have already been paid in full.

Under the Fair Credit Reporting Act (FCRA) Section 611 [15 U.S.C. 1681i], I have the right to dispute inaccurate or incomplete information on my credit file.

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my identity and address.

According to my records, I paid this debt on [Date of Payment]. However, it is still being reported as unpaid, open, or active on my credit report. This is inaccurate and misleading.

Please update the account status to accurately reflect "Paid in Full" or remove the account if it cannot be properly verified.

I am requesting a written response confirming that the correction has been made to my credit report.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To: _____

Creditor / Collection Agency

Mailing Address

City, State, ZIP Code

Re: Dispute of Paid Collection Still Reporting – FCRA Section 611 [15 U.S.C. 1681i]

To Whom It May Concern,

I am writing to dispute the reporting status of the following collection account(s) that have already been paid in full.

Under the Fair Credit Reporting Act (FCRA) Section 611 [15 U.S.C. 1681i], I have the right to request correction of inaccurate or incomplete information reported to the credit bureaus.

According to my records, I paid this debt on [Date of Payment]. However, it is still being reported as unpaid, open, or active on my credit report. This is inaccurate and misleading.

Please update your reporting to the credit bureaus to accurately reflect "Paid in Full" or notify them to remove the account if it cannot be properly verified.

I am requesting a written response confirming that you have updated the account information as required.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To: _____

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Re-Insertion of Previously Deleted Information – FCRA Section 611(a)(5)(B)

To Whom It May Concern,

I am writing to dispute the re-insertion of the following item(s) on my credit report that were previously deleted.

Under the Fair Credit Reporting Act (FCRA) Section 611(a)(5)(B), a credit reporting agency must notify the consumer in writing within 5 business days of re-inserting previously deleted information and must also certify that the information is complete and accurate before it can be re-inserted.

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my identity and address.

I did not receive proper notice of this re-insertion. Please provide me with:

1. The name and address of the furnisher that requested the re-insertion.
2. Certification that the information is accurate and complete as required by law.

If you cannot provide the required documentation, you must remove the re-inserted item(s) from my credit report immediately.

Please send me a written response confirming your investigation and any corrections made.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Company That Pulled the Report

Mailing Address

City, State, ZIP Code

Re: Dispute of Unauthorized Hard Inquiries - FCRA Section 604(a) [15 U.S.C. 1681b]

To Whom It May Concern,

I am contacting you regarding a hard inquiry that appears on my credit report. I did not authorize your company to access my credit file.

Under the Fair Credit Reporting Act (FCRA) Section 604(a) [15 U.S.C. 1681b], a credit reporting agency may only furnish a consumer report for permissible purposes and with proper authorization.

Please provide me with documented proof of my explicit authorization for this inquiry. If you cannot provide such proof, you must immediately request that the credit reporting agencies remove this unauthorized inquiry from my credit file.

Please respond in writing within the time period required by law.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To: _____

Creditor / Furnisher

Mailing Address

City, State, ZIP Code

Re: Dispute of Account Not Belonging to Me – FCRA Section 611 [15 U.S.C. 1681i]

To Whom It May Concern,

I am contacting you regarding an account that you have reported to the credit bureaus that does not belong to me.

Under the Fair Credit Reporting Act (FCRA) Section 611 [15 U.S.C. 1681i], I am requesting that you investigate this matter and provide documentation proving that I am responsible for this account.

If you cannot provide such documentation, you are required to instruct the credit bureaus to remove this account from my credit report.

Please provide a written response confirming the outcome of your investigation and the action taken.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Unauthorized Hard Inquiries - FCRA Section 604(a) [15 U.S.C. 1681b]

To Whom It May Concern,

I am writing to dispute the following hard inquiries that appear on my credit report. I did not authorize these inquiries, and I believe they were made without a permissible purpose as defined by the Fair Credit Reporting Act (FCRA) Section 604(a) [15 U.S.C. 1681b].

Enclosed are copies of my government-issued ID and a recent utility bill to verify my identity and address.

I request that you immediately investigate these inquiries and remove any that cannot be verified with written proof of my explicit authorization.

Please provide me with a written confirmation once the investigation is completed and the unauthorized inquiries have been removed.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Loan Servicer

Mailing Address

City, State, ZIP Code

Re: Student Loan Dispute - FCRA Section 611 [15 U.S.C. 1681i]

To Whom It May Concern,

I am writing to dispute the accuracy of the student loan account(s) listed below as reported to the credit bureaus.

Under the Fair Credit Reporting Act (FCRA) Section 611 [15 U.S.C. 1681i], I have the right to request verification of any information you have reported about my account.

Please provide documentation validating the accuracy of the information you are reporting, including account statements, payment history, and any records substantiating the current status of the loan. If you cannot verify the information in compliance with federal law, I am requesting that you promptly correct the reporting or instruct the credit bureaus to remove the inaccurate information.

Please send me a written response confirming the results of your investigation.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Student Loan Dispute - FCRA Section 611 [15 U.S.C. 1681i]

To Whom It May Concern,

I am writing to dispute the accuracy of the student loan account(s) listed below as reported on my credit report.

Under the Fair Credit Reporting Act (FCRA) Section 611 [15 U.S.C. 1681i], I have the right to dispute any incomplete or inaccurate information on my credit file. The account(s) in question contain errors and do not reflect the correct status, balance, or repayment history.

Enclosed are copies of my government-issued ID and a recent utility bill to verify my identity and address.

I am requesting that you conduct a full investigation and provide documentation from the original creditor or loan servicer validating the accuracy of the information. If you cannot verify the account(s) in compliance with federal law, the inaccurate information must be corrected or removed from my credit report.

Please provide a written response confirming the results of your investigation.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Request to Remove Consumer Statement

To Whom It May Concern,

I am writing to request the removal of a consumer statement currently attached to my credit report.

The statement was previously added to provide context regarding certain items in my file, but it is no longer necessary and I now request that it be removed.

Under the Fair Credit Reporting Act (FCRA), I have the right to add or remove a consumer statement from my file at any time.

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my identity and address.

Please confirm in writing once the consumer statement has been removed from my credit report.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Furnisher

Mailing Address

City, State, ZIP Code

Re: Follow-Up / Re-Dispute of Previously Disputed Account – FCRA Section 611

To Whom It May Concern,

I am writing to follow up on a previous dispute regarding the account(s) you reported to the credit bureaus. I believe that your investigation was inadequate or incomplete, as you failed to provide sufficient verification of the reported information.

Under the Fair Credit Reporting Act (FCRA) Section 611, you are required to properly investigate any dispute and provide evidence supporting the accuracy of the reported data.

I am requesting that you conduct a full investigation of this account and either verify its accuracy with supporting documentation or notify the credit bureaus to delete it.

Please provide me with a written response describing your investigation and any corrective action taken.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Furnisher

Mailing Address

City, State, ZIP Code

Re: Failure to Respond to My Previous Dispute – FCRA Sections 611 & 623

To Whom It May Concern,

I previously disputed the accuracy of the account(s) you reported to the credit bureaus. You failed to respond to my dispute within the time required by law.

Under the Fair Credit Reporting Act (FCRA) Sections 611 and 623, if a furnisher of information does not verify the disputed information within the required period, it must cease reporting the item to the credit bureaus.

I am demanding that you immediately correct the record with the credit bureaus or delete the account entirely.

Please provide me with a written confirmation of the action you have taken regarding this matter.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Follow-Up / Re-Dispute of Previously Disputed Account – FCRA Section 611

To Whom It May Concern,

I am writing to follow up on a previous dispute regarding the account(s) listed below. I believe that your investigation was inadequate or incomplete, as the disputed information remains on my credit report without proper verification.

Under the Fair Credit Reporting Act (FCRA) Section 611, you are required to conduct a reasonable reinvestigation whenever a consumer provides additional information indicating that the disputed data is inaccurate.

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my identity and address.

I am requesting that you conduct a proper reinvestigation and either verify the accuracy of the information with documented evidence or delete the item from my credit report.

Please provide me with a written response describing the steps you took during your reinvestigation and the outcome.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Obsolete / Incorrect Personal Information

To Whom It May Concern,

I am writing to dispute the obsolete or incorrect personal information listed in my credit file. This includes outdated addresses, former phone numbers, or other inaccurate personal identifiers that no longer apply to me.

Having outdated personal information in my file can lead to confusion and may negatively impact the accuracy of my credit report.

Under the Fair Credit Reporting Act (FCRA), consumer reporting agencies must ensure that all information reported is accurate and up-to-date.

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my current identity and address.

Please remove the obsolete or incorrect personal information from my credit file and confirm in writing that the corrections have been made.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Collection Agency

Mailing Address

City, State, ZIP Code

Re: Dispute of Re-Aged Debt - FCRA Section 605(c) [15 U.S.C. 1681c(c)]

To Whom It May Concern,

I am contacting you regarding the account listed below, which appears to have been improperly re-aged on my credit report.

The Fair Credit Reporting Act (FCRA) Section 605(c) [15 U.S.C. 1681c(c)] prohibits changing the date of first delinquency to extend how long a negative account can remain on a credit report. Any attempt to re-age an account violates federal law.

I am requesting that you immediately correct the reporting of this account to reflect the true original date of first delinquency. If you cannot provide documentation proving the original delinquency date, you must remove the account from my credit report.

Please send me a written response confirming that the account has been corrected or deleted as required by law.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Account Not Belonging to Me – FCRA Section 611 [15 U.S.C. 1681i]

To Whom It May Concern,

I am writing to dispute the accuracy of the account(s) listed below that appear on my credit report but do not belong to me.

Under the Fair Credit Reporting Act (FCRA) Section 611 [15 U.S.C. 1681i], I have the right to dispute any inaccurate information on my credit file.

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my identity and address.

These accounts were reported in error and should be promptly removed from my credit file. If you cannot verify ownership of these accounts, you must delete them as required by federal

law.

Please provide a written response confirming the results of your investigation and the actions taken.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Creditor / Furnisher

Mailing Address

City, State, ZIP Code

Re: Dispute of Outdated Information – FCRA Section 605(a) [15 U.S.C. 1681c(a)]

To Whom It May Concern,

I am writing to notify you that the account you have reported to the credit bureaus is outdated and should no longer appear on my credit report.

Under the Fair Credit Reporting Act (FCRA) Section 605(a) [15 U.S.C. 1681c(a)], negative information such as collections, charge-offs, and late payments cannot be reported for more than seven years (or ten years for certain bankruptcies).

Please update your reporting to the credit bureaus to ensure that these outdated accounts are removed.

I am requesting a written response confirming that you have notified the credit bureaus to remove or stop reporting the outdated account(s).

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Furnisher Failure to Respond – FCRA Sections 611 & 623

To Whom It May Concern,

I previously disputed the accuracy of the following account(s) appearing on my credit report. The furnisher of the information failed to respond to your request for verification within the time allowed by law.

Under the Fair Credit Reporting Act (FCRA) Sections 611 and 623, information that cannot be verified must be deleted from a consumer's credit file.

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my identity and address.

Since the furnisher failed to respond in a timely manner, you are required by law to delete the disputed information from my credit report immediately.

Please provide me with a written confirmation that the disputed account(s) have been removed.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

Name

Address

City, State, ZIP Code

Date: _____

To:

Credit Bureau

Mailing Address

City, State, ZIP Code

Re: Dispute of Outdated Information – FCRA Section 605(a) [15 U.S.C. 1681c(a)]

To Whom It May Concern,

I am writing to dispute the presence of outdated negative information on my credit report.

Under the Fair Credit Reporting Act (FCRA) Section 605(a) [15 U.S.C. 1681c(a)], negative information such as collections, charge-offs, and late payments cannot be reported for more than seven years (or ten years for certain bankruptcies).

Enclosed are copies of my government-issued photo ID and a recent utility bill to verify my identity and address.

The item(s) listed below are older than the permitted reporting period and should have been removed. I am requesting that you immediately delete these outdated items from my credit

report.

Please provide a written response confirming the results of your investigation and the removal of these outdated accounts.

Printed Name: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

SHON LAQUAN

CREDIT REPAIR LETTERS TOOLKIT

