## **EXCEL FEDERAL CREDIT UNION**

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Complete each field below and identify the specific information being disputed and the basis for the dispute. If you need more space than is provided below or have copies of supporting documentation to substantiate the dispute, please provide it along with this form. Form must be signed and dated by the disputing member in order to be acted upon by the credit union.

Name:	Work Phone:					
Address:	Home Phone:					
City, State, Zip	Cell Phone:					
ACCOUNT # DISPUTED:	·					
TYPE OF ACCOUNT:						
	Signature					
	Other:					
PLEASE EXPLAIN ALL RELEVANT DETAILS AND THE	BASIS FOR YOUR DISPUTE:					
☐ Check here if there are additional documents included.						
In what manner would you prefer to receive the response to our investigation?  In writing.   Electronically. My email address is:						
Disputing Member Signature	Date:					

You may send this form and supporting documentation in any of the following methods:

MAIL TO	SCAN AND EMAIL TO	FAX TO
Excel Federal Credit Union ATTN: Dispute Resolution 5070 Peachtree Ind. Blvd. Norcross, GA 30071-1587	info@excelfcu.org	770-582-3877