

## Credit Dispute Form

In order to submit a credit dispute, please complete and print this fillable form. Mail the form enclosed with copies of the consumer/credit report that reflects the alleged inaccurate information, and any supporting documents. Supporting documents may include, but are not limited to: fraud or identity theft affidavit, police report, legal documents/court orders, account statements, etc. This form, along with the credit report and all supporting documents must be submitted together in the same envelope or mail carrier.

**Mail to:** NASB, Attn. Loan Customer Service, 903 E. 104th St, Suite 400, Kansas City, MO 64131

**Fax to:** 816.316.4508 , OR

**E-mail to:** [servicing@nasb.com](mailto:servicing@nasb.com)

### Consumer Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Generation Code: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Prev. Last Name: \_\_\_\_\_ Prev. First Name: \_\_\_\_\_ Prev. Middle Name: \_\_\_\_\_

Prev. Generation Code: \_\_\_\_\_

Prev. Street Address: \_\_\_\_\_

Prev. City: \_\_\_\_\_ Prev. State: \_\_\_\_\_ Prev. Zip Code: \_\_\_\_\_

2nd Prev. Street Address: \_\_\_\_\_

2nd Prev. City: \_\_\_\_\_ 2nd Prev. State: \_\_\_\_\_ 2nd Prev. Zip Code: \_\_\_\_\_

### Associated Consumer Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Generation Code: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please provide a detailed explanation of the basis for this dispute:**

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