



### Request for reinsertion/correction

Reinsertion      Update      Delete      Delete due to fraud

Your Company's Name:

Your Subscriber Code:

Your Name:

Your Phone Number:

FCRA Sec 611(a)(5)(B)

(B) Requirements relating to reinsertion of previously deleted material:

(i) Certification of accuracy of information: If any information is deleted from a consumer's file pursuant to Subparagraph (A), the information may not be reinserted in the file by the consumer reporting agency unless the Person who furnishes the information certifies that the information is complete and accurate.

(ii) Notice to consumer: If any information that has been deleted from a consumer's file pursuant to subparagraph (A) is reinserted in the file, the consumer reporting agency shall notify the consumer of the reinsertion in writing not later than 5 business days after the re-insertion or, if authorized by the consumer for that purpose, by any other means available to the agency.

#### Information to change

A/CDV Control number:

or AUD Control number:

Consumer name:

Address:

Social Security number:

Date of birth:

Account number:

How data should be reflected:

Comments:

By signing this form you are certifying that the information provided is complete and accurate.

Signature:

Date:

**Please Fax Completed Form to Experian Response Processing at (972) 390-3900**

Please call (800) 525-0689 for any questions regarding this form