



CONSUMER DIRECT DISPUTE FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

COMMUNITY FIRST BANK ACCOUNT #: _____

SPECIFIC INFORMATION BEING DISPUTED AND BASIS OF DISPUTE:

SUPPORTING DOCUMENTATION TO SUBSTANTIATE BASIS FOR DIRECT DISPUTE (COPY OF THE CONSUMER REPORT THAT CONTAINS INACCURATE INFORMATION, A POLICE REPORT, A FRAUD OR IDENTITY THEFT AFFIDAVIT, A COURT ORDER OR ACCOUNT STATEMENTS):

(Signature)

(Date)

Submit this signed form and supporting documentation to:
Community First Bank
Attn: Compliance
925 Wisconsin Ave., PO Box 307
Boscobel, WI 53805

For Bank Use Only
Date Received: _____
Received by: _____
Date Completed: _____