Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

John Doe

1234 Street SW

City, State Zip Code

SSN: 123-45-6789 l DOB: 01/01/1980

Experian

P.O. Box 2002

Allen, TX 75013

**FCRA Section 611(15 U.S.C. Section 1681)**

(5) Treatment of Inaccurate or Unverifiable Information

(A) In general, if after any reinvestigation under paragraph (1) of any information disputed by a consumer, an item of the information is found to be inaccurate or incomplete or cannot be verified, the consumer reporting agency shall-

(i) promptly delete that item of information from the file of the consumer, or modify that item of information as appropriate based on the results of the reinvestigation; and

(ii) promptly notify the furnisher of that information that the information has been modified or deleted from the file of the consumer.

This is not a request to **VERIFY** information. This is a request for **REMOVAL** of information. There is no longer any documented information associated with the following items your company is reporting on my credit file. Your company is merely repeating the same data each month that your company has recorded in your system.

I have attempted to obtain documentation from the original creditor. They state they no longer have records of accounts on file and cannot provide me with any type of documentation. Since the original creditor cannot validate the debt, the data your company keeps reporting is no longer **VALID** and it must be **REMOVED** from my credit file. Your cooperation on this matter is appreciated.

**I am fully aware of my rights. I demand the following accounts be verified or removed immediately**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Account Number** | **Amount** | **Provide Physical Verification** |
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|   |   |   |   |

\*Please remove all **non-account holding inquiries** over 30 days old.

\*Please add a **Promotional Suppression** to my credit file.

Thank You,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature