

**NOTICE OF ACTION BASED ON INFORMATION CONTAINED IN CONSUMER REPORT**

We regret we cannot open your account today. In evaluating your application the following consumer reporting agency/agencies provided us with information that in whole or in part influenced our decision. These agencies did not make the decision to disapprove your account application and are unable to provide you with specific reasons why the decision was made.

*You have rights under state and federal laws. Included in these rights are:*

- *The right to obtain a free copy of your consumer report if you make such a request to the consumer reporting agency within 60 days of your receipt of this notice; and*
- *The right to dispute the completeness or accuracy of any information contained in such report by notifying the consumer reporting agency directly of your dispute.*

For information pertaining to your credit account history contact:

<p>A <input type="checkbox"/> Experian</p>	<p>You may contact Experian by calling 1-888-397-3742 and selecting the "denial" option. Then, follow the instructions that are given. If you prefer to use a mailed request, send the following information to Experian: first name, middle initial, last name, spouse's name (if applicable), home address, home address for the last five years, date of birth, Social Security number (required), and copy of declination notice (this form). Mail this information to: Experian, P.O. Box 2002, Allen, TX, 75013. Alternatively, you may access your credit account history online at <a href="http://www.experian.com/reportaccess">www.experian.com/reportaccess</a>.</p>
<p>B <input type="checkbox"/> Equifax</p>	<p>You may contact Equifax by calling 1-800-685-1111. To contact Equifax in writing, forward your request including your name, address, former address (if you have been at your current address for less than two years), Social Security number (required) and the name of the company that referred you to Equifax to: Equifax Credit Information Services, PO Box 740241, Atlanta, GA 30374</p>
<p>C <input type="checkbox"/> Trans Union</p>	<p>You may contact Trans Union by calling 1-800-888-4213 and selecting the "denied credit" option. Then, follow the instructions that are given. If you prefer to mail a request, complete the form below and mail this entire sheet to TransUnion Consumer Relations at PO Box 1000, Chester, PA 19022. Alternatively, you may access your credit account history online at <a href="http://www.transunion.com/direct">www.transunion.com/direct</a>.</p>

For information pertaining to your checking account history contact:

<p>D <input checked="" type="checkbox"/> ChexSystems</p>	<p>You may contact ChexSystems on the worldwide web at <a href="http://www.consumerdebit.com">www.consumerdebit.com</a>, by telephone using their voice messaging system at 1-800-428-9623, by mail at ChexSystems, Attn: Consumer Relations, 7805 Hudson Road, Suite 100, Woodbury, MN, 55125. Please provide the information requested on this form.</p>
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**To enable the request for your consumer report to be processed, please provide the following information and a copy of this entire form when contacting the appropriate consumer reporting agency/agencies by mail or fax:**

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

Other Last Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

U.S. Social Security Number (Required): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Drivers License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Any previous addresses used in the past five years (include any P.O. Boxes):

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

List the name, Tax ID, your title and address for any business/organization you have signed on in the past 5 years:

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