

DOB:

DL #:

**Transunion Consumer Solutions  
P.O. Box 2000  
Chester PA 19016**

According to FCRA, Section 609(a)(1)(A) & Section 611 (a)(1)(A) and 611 (5)(A), you are required by law to have verifiable proof of any account you list on a credit report, otherwise, anyone with the ability to report to you could fax, mail or email in a fraudulent account. I demand to see what proof you have of the below listed accounts which are unverifiable. Your failure to verify any of these accounts has hurt my ability to obtain credit. I demand they be removed or verified immediately.

**Account Name**

**Account Number**

**Please Provide Verification**

Thank You