

ADVERSE ACTION NOTICE

For Deposit Accounts

Account Holder(s):

Financial Institution:

Account Number(s):

Date:

Subject: Adverse Action on Deposit Account or Service.

Dear Applicant:

You recently opened or applied for: ☐ an account ☐ a service ☐ _____ with us. It is our policy to verify references and/or make a credit review of all new applicants. As a result, we have determined that we will not accept the banking relationship you requested.

Disclosure of Use of Information Obtained From an Outside Source

Our decision was based in whole or in part on information obtained in a report from the consumer reporting agency listed below. Under the Fair Credit Reporting Act, you have a right to know the information contained in your consumer report at the consumer reporting agency. The reporting agency played no part in the decision and is unable to supply specific reasons why we have denied your application. You also have a right to a free copy of your report from the reporting agency, if you request it no later than sixty (60) days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency.

The Consumer Reporting Agency we used is:

Name:

Address:

Telephone Number:

Toll-Free Number:

☐ We also obtained your credit score from this consumer reporting agency and used it in making our credit decision. Your credit score is a number that reflects the information in your credit report. Your credit score can change, depending on how the information in your credit report changes.

Your credit score:

Date:

Scores range from a low of _____ to a high of _____

Key factors that adversely affected your credit score:

☐ Number of recent inquiries on credit report

If you have any questions regarding this notice, you should contact the Financial Institution at the above address.

By: _____ Title: _____
Authorized Signer