

WRITTEN REQUEST FOR ERROR RESOLUTION, ACCOUNT INFORMATION AND PAYOFF STATEMENT

If you believe your account is in error, or would like to request information about your account or a payoff statement, please complete this form to assert the error and/or request the information.

TO BE COMPLETED BY THE CLIENT (Please print)

Client Full Name	Social Security Number
Current Address (include city, state and zip)	Date of Birth
Previous Address (include city, state and zip)	Account Number of disputed item (if available)
Home Phone Number	Work/Cell Telephone Number
REASON FOR REQUEST - Check Appropriate Box(es) and describe the issue/request:	
 Notice of Error Request Information Request Payoff Statement good through: 	
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I attest that any details described on this statement are true and correct.	
Client Signature	Date
Return this form and all supporting documentation to: Bremer Service Center, MN-001-23MI, 8555 Eagle Point Boulevard, PO Box 1000, Lake Elmo, MN 55042.	