

(Send by certified mail)

Your name

Mailing address

TransUnion credit report file # \_\_\_\_\_

Date

TransUnion

Fraud Victim Assistance Division

P.O. Box 6790

Fullerton, CA 92834-6790

Dear Sir or Madam:

Please add the following statement to my credit file in reference to [account number and name of creditor]:

I was diagnosed with a serious illness on [date]. As I underwent treatment over the next few months, I was too ill to work. Without an income and with major medical bills to pay, I made late payments or missed payments altogether on several credit card accounts, including [names of specific accounts]. I have now recovered from my illness, returned to full-time employment and negotiated payment schedules with [names of creditors]. I consider the problem resolved and expect no future effect on my finances.

I have also included the following information as confirmation of my identity.

- Social Security number: \_\_\_\_\_
- Date of birth: \_\_\_\_\_

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

Your name