



State of Washington
DEPARTMENT OF FINANCIAL INSTITUTIONS

P.O. Box 41200 z Olympia, Washington 98504-1200
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PAYDAY LOAN COMPLAINT: INTAKE QUESTIONNAIRE

Mail Your Form To:

Division of Consumer Services
PO Box 41200
Olympia, WA 98504-1200

YOUR INFORMATION

* STAR NEXT TO AN ITEM MEANS THAT THIS IS REQUIRED INFORMATION, DO NOT SKIP

* When did this transaction take place? Month/day/year: _____

* Your Name(s): _____

* Home Address: _____

* Mailing Address: _____

* Telephone: Home _____ Cell _____ Work _____ Email: _____

* Are you on active duty in the armed forces or a dependent? [] Yes [] No

How did you hear about DFI?

PROVIDE A CONCISE DESCRIPTION OF THE PROBLEM

DISPUTED PAYDAY LOAN TRANSACTION DETAILS

Table with 4 columns: Question, Response, Can You Provide A Copy?, Comments. Rows include questions about application completion, loan agreement, other forms, and paperwork.

DISPUTED PAYDAY LOAN TRANSACTION, COMPANY CONTACT INFORMATION

* Name(s) of payday lender you have disputed transaction(s) with:

* Email address (es) used or provided to you by the company:

* Physical address (es) used or provided to you by the company:

* Website address (es) you visited to obtain the loan:

Who did you talk to?

Name(s): _____

Title(s): _____

Did you get a business card? Yes No. If yes, can you provide a copy? Yes No.

Date(s) of discussion(s): _____

Please provide any other details of your conversation. What did they say?

DISPUTED PAYDAY LOAN TRANSACTION HISTORY: MULTIPLE TRANSACTIONS

Transaction Date	Loan Amount (before fees)	Fees Paid	How Long Were You Given To Pay Back The Loan?	Payday Company Name	Did you Default?	Can You Provide A Copy of your loan documents?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did anyone explain or discuss the terms of the loan with you? Yes No --What did they say?

How did you receive the loan funds? _____

How were you supposed to pay the company back? ACH, cash, postdated check, etc.

Did they ask for more than one check? Yes No.

- If yes, how many and for what amounts?
-

PAYMENT PLAN/INSTALLMENT PLAN DETAILS

Did you request a payment plan? Yes No

Did you obtain a payment plan? Yes No -- Date you obtained a payment plan: ____/____/____

What were the terms of the payment plan?

Did they ask for more than one check from you to start the payment plan? Yes No

- If yes, how many and for what amounts? _____
- If yes, can you provide us a copy of the checks? Yes No

Did you enter into a new contract for the payment plan? Yes No

- If yes, can you provide us a copy? Yes No.

OTHER FEES

Did you pay any other fees related to the payment plan (such as NSF or attorney fees)? Yes No

- If yes, can you provide us a copy of checks and notices? Yes No.
- If yes, how much were the fees and what were they for?

Amount(s) \$ _____

Reason(s) _____

COLLECTION DETAILS

Are you or have you ever been delinquent with payments to this company? Yes No

- If yes, when? _____
 - Who contacted you? How were you contacted? How did they identify themselves?
-
-

- Who do you believe contacted you? _____

Did you ever receive a written notice or letter for being delinquent on your loan(s)? Yes No

- If yes, can you provide a copy of this information? Yes No

Did they threaten you (i.e. threaten criminal charges, say you were guilty of fraud, say you would be arrested, etc?)

Yes No

If yes, how did they threaten you (i.e. during phone calls, in person, or in writing?)

What did they say?

Do you have any logs or records of the calls or correspondence? Yes No

- If yes, can you provide us a copy? Yes No

Were you taken to small claims court? Yes No

- If yes, what was the case number and what was the result?

Do you know of anyone else (friends, family) who could provide us with additional information regarding this company?

Yes No

- If yes, provide names and relationship to this person and contact information:

Is there anything else you would like to tell us about your experience(s) with this company?

ATTORNEY INFORMATION

Please check the following if they apply

I have an attorney

I would like you to work directly with my attorney

Attorney's Name			
Firm			
Address:	City:	State:	Zip:
Telephone:	Fax:	Email:	

PUBLIC RECORDS DISCLOSURE ACT

Under the public records provisions of Washington law, RCW 42.56 et.seq., this complaint may become subject to public disclosure at some time after your file is closed.

By checking this box, you may request that this complaint not be disclosed if it is requested pursuant to the Public Records Disclosure Act.

DECLARATION

By filling in my name and the date below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

* Name: _____

* Date: _____