



TRSR Recovery Services, Inc.

Consumer Collection Dispute Form

First Name	Middle Initial	Last Name	Suffix
Street Address			Apartment #
City	State		Zip Code
Home Telephone No. ()	Daytime Telephone No. ()	Cell Phone No. ()	
ID/Drivers License No.		Social Security No.	

Banking Information	Routing Number	Account Number
	Routing Number	Account Number

Item in dispute and/or Reference Number (Provided at the top of the Notice)	Amount in Dispute \$
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Reason for Dispute	
Please write a detailed description of your dispute, including all check numbers, bank account numbers and dates involved. Also, please attach to this form copies of additional documentation that will help support your dispute, such as payment receipts, bank statements, etc. If you have a copy of a collection notice, you may also provide that document although you are not required to do so.	

Signature:	Date :
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Please mail the completed form and attachments to:	TRSR Recovery Services, Inc. P.O. Box 4812 Houston, TX 77210-4812
Or FAX to:	402.916.8140