TRS 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 **$**

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 :

Please mail the completed form and attachments to:	TRS Recovery Services, Inc. P.O. Box 674169 Marietta, GA 30006
Or FAX to:	402.916.8140