



TRS Recovery Services, Inc.

Consumer Collection Dispute Form

Form with fields: 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 section with fields: Routing Number, Account Number (repeated twice)

Item in dispute and/or Reference Number (Provided at the top of the Notice) and 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.

Large empty text area for dispute description

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