TRS Recovery Services, Inc.

Consumer Inquiry 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 question and/or Reference Number (Provided at the top of the Notice)	Amount on Account **$**

Reason for Inquiry

Please write a detailed description of your inquiry, including all check numbers, bank account numbers and dates involved. Also, please attach to this form copies of additional documentation that will assist TRS in answering your inquiry , such as payment receipts, bank statements, etc.

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