TRS Recovery Services

Consumer Resolutions: Consumer Dispute Form

Please fax or mail the completed form and attachments to:

Fax: (402) 916-8190

Mail: TeleCheck Service, Inc.
P.O. Box 4513
Houston, TX 77210

If you require assistance completing the form, please call:

Contact: (800) 697-9023

PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX

STREET ADDRESS	APARTMENT NUMBER

CITY	STATE	ZIP CODE

HOME PHONE NUMBER	DAYTIME PHONE NUMBER	CELL PHONE NUMBER

ID/DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER

BANKING INFORMATION

ROUTING NUMBER	ACCOUNT NUMBER

ROUTING NUMBER	ACCOUNT NUMBER

ITEM IN DISPUTE	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 copies of any additional documentation that will help support your dispute (payment receipts, bank statments, etc) to this form.