

## RCS Consumer Credit Report Dispute Form

**Please Print:**

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City / State / ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Best Time to Contact You:** \_\_\_\_\_

*You will be called only if we require additional information*

**Social Security Number:** \_\_\_\_\_

*Not required, however this will help to process your dispute*

**What is the Account Number of the TD Bank account associated with your dispute?** \_\_\_\_\_

**Please provide us with details on why you are disputing this information on your credit report**

---

---

---

---

**Check off any supporting documentation you are providing (if applicable)**

*Providing documentation is not required, however this may help process your dispute*

- |  |  |
|--|--|
| <input type="checkbox"/> Credit report showing item being disputed | <input type="checkbox"/> Other (provide description on line below) |
| <input type="checkbox"/> Receipts showing account was paid         | _____  |
| <input type="checkbox"/> Cancelled checks showing account was paid | _____  |

**You will receive a written response from TD Bank within 30 days of receipt of your dispute**

**Customer Signature:** \_\_\_\_\_

**Mail this completed form and any documentation to:**

**Retail Card** (serviced by TD Bank)    TD Retail Card Services    P.O. Box 731    Mahwah, NJ 07430

**BANK USE ONLY:**

**Customer Service**

Form received on: \_\_\_\_\_ Customer contacted by: \_\_\_\_\_

Resolution: \_\_\_\_\_