



Bank

America's Most Convenient Bank®

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

Credit report showing item being disputed

Other (provide description on line below)

Receipts showing account was paid

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

PO Box 100114

Columbia SC 29202-3114

BANK USE ONLY:

Customer Service

Form received on: _____

Customer contacted by: _____

Resolution: _____