53160

UNCOLLECTIBLE CHECK REPORTING FORM

PLEASE PRINT CLEARLY

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.
Please use black ink or a #2 pencil to complete the form.
The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

0	1	2	3	4	5	6	7	8	9

MID Number

Company

Date

Month - Day - Year

Social Security Number

- -

Last Name

First Name

Street Address (leave one space between each word)

City

State

Zip Code -

Last Known Resident Phone - -

Last Known Employer Phone - -

Return Check Date - -

Check Amount $

Reason for Charge-off

O NSF O Closed Account O Stolen Check O Stop Payment

Type Of Check

O Personal O Government O Payroll

Submitted By (Signature Required)

Teletrack
A First Advantage Company

DO NOT include slow paying accounts, only those for which all avenues of collection have been exhausted.

FAX or MAIL this form to:
Teletrack, Inc.
Suite 600
5550-A Peachtree Pkwy
Norcross, GA 30092
DATA FAX: 678-229-1030
Phone: 770-449-8809
800-729-6981