

Debt Validation Letter

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(Delete this line: Send via certified mail, return receipt requested)

Date

Your Full Name

Your Street Address

Your City, State and Zip

Collection Agency Name

Attention Collectors Name (if in Collectors letter)

Collection Agency Address

Collection Agency City, State, Zip

RE: Account # [Fill in Account Number or Reference in Collectors Letter]

Hi,

I received your surprise debt notice and I really want to work with you on this.

Please do not take this as a refusal to pay nor as an acknowledgement of debt, but under the *Fair Debt Collection Practices Act (FDCPA)*, lets work together to be sure that there is indeed a contractual obligation to the alleged debt that you are trying to bind me to.

Please mail to my address above, a validation of the debt you are asking me to pay.

For clarity, this is not a request for "verification" or proof of my mailing address, but a request for 'validation' made pursuant to 15 USC 1692g Sec. 809 (b) of the FDCPA. I respectfully request that your offices provide me with competent evidence in writing and as indicated in Annex A, that I have any legal obligation to pay you.

Like I am sure you do, having a good credit score is important to me, so please avoid reporting invalidated information to any of the credit bureaus (Equifax, Experian, Trans Union), which besides being stressful, might constitute fraud under both federal and state laws (both violations of the Fair Debt Collection Practices Act *and* Defamation of Character).

I really want to work with you on this and me being responsive while ensuring compliance on your side is good for everyone. The next step is if you can please send me the Debt Validation Letter as required.

Annex A attached forms part of my letter to you and thanks so much for your time in bringing this matter to conclusion. Thank you so much.

Kind regards,

{signed}

Name

(Delete this line: If joint account or if have a co-signor, both to sign their names)

Annex A

If your offices are able to provide the proper documentation as requested in the following declaration as required within the prescribed time, I will require 30 days to investigate this information and during such time all collection activity is to cease. During this validation period, please take no action which could be considered detrimental to any of my credit reports, and I reserve my rights against your Agency and your client that initiated this. This includes any listing of any information to a credit-reporting repository that could be inaccurate or invalidated. If your offices fail to respond to this validation request within 30 days from the date of your receipt, all references to this account are to be deleted and completely removed from my file and a copy of such deletion request shall be sent to me on such deletion or pause of action.

It would be advisable that you and your client ensure that your records are complete and in order.

CREDITOR/DEBT COLLECTOR DECLARATION

Please provide the following to which I am entitled both as to the alleged debt obligation and the standing of the parties making the claim and attempting to collect:

- Agreement with your client that grants you the authority to collect on this alleged debt.
- Agreement that has my signature of incurring the alleged debt.
- Any insurance claims that have been made by any creditor regarding this account.
- Any Judgments obtained by any creditor regarding this account.
- Full legal name and address of alleged creditor.
- Actual name on file of alleged debtor.
- Alleged account number.
- Address on file for alleged debtor.
- Amount of alleged debt.
- Date this alleged debt became payable and it is within local statute of limitations.
- Date of original charge off or delinquency.
- Verification that this debt was assigned or sold to collector (or third party) including supporting documentation of claim ownership over me
- Complete accounting of alleged debt including all fees and interest, both as to the right to add these per any agreement above and as to their calculation
- Commission for the debt collector if collection efforts are successful.

Please provide the legal name and address of the bonding agent for your Collection Agency in the unlikely event papers need to be served. Your claim cannot be considered if any portion of the above is not completed and returned with copies of all requested documents. This is a request for validation made pursuant to the Fair Debt Collection Practices Act.

Please include any 1099 Internal Revenue Service submission for bad debts in respect of this account for my records and accounting.

Please allow 30 days for processing after I receive this information back.

Thank you so much.

CONFIDENTIAL

Rights reserved [cc]: Federal Trade Commission