

# DEBT VALIDATION LETTER

Date \_\_\_\_\_

Dear \_\_\_\_\_,

This letter is being sent to you in response to:

Check One (1)

- ☐ - Notice sent to me on \_\_\_\_\_, 20\_\_\_\_.
- ☐ - Response to a listing on my Credit Report.

Be advised this is not a refusal to pay, but a notice sent pursuant to the **Fair Debt Collection Practices Act, 15 USC 1692g** stating your claim is disputed and validation is requested.

This is NOT a request for "verification" or proof of my mailing address, but a request for VALIDATION made pursuant to the above-named Title and Section. I respectfully request your offices provide me with competent evidence that I have any legal obligation to pay you.

At this time, I will also inform you that if your offices have reported invalidated information to any of the 3 major credit bureaus (Equifax, Experian or TransUnion) this action may constitute fraud under both Federal and State Laws. Due to this fact, if any negative mark is found on any of my credit reports by your company or the company that you represent, I will not hesitate in bringing legal action against you and your client for the following: Violation of the Fair Credit Reporting Act, Violation of the Fair Debt Collection Practices Act, and Defamation of Character.

If your offices are able to provide the proper documentation as requested in the following Declaration, I will require at least 30 days to investigate this information, during which time all collection activity must **cease and desist**. Also, during this validation period, if any action is taken which could be considered detrimental to any of my credit reports, I will consult with my legal counsel for suit. This includes any listing of any information to a credit reporting repository that could be inaccurate or invalidated.

**If your office fails to respond to this validation request within 30 days from the date of your receipt, all references to this account must be deleted and completely removed from my credit file and a copy of such deletion request shall be sent to me immediately.**

Sincerely,

\_\_\_\_\_

# CEASE AND DESIST

I would also like to request, in writing, that no further telephone contact be made by your offices to my home or to my place of employment. If your offices continue to attempt telephone communication with me it will be considered harassment and I will have no choice but to file suit. All future communications with me **MUST** be done in writing and sent to the address noted in this letter.

It would be advisable that you and your client assure that your records are in order before I am forced to take legal action.

Sincerely,

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# CREDITOR/DEBT COLLECTOR DECLARATION

Please provide all of the following information and submit the appropriate forms and paperwork within 30 days from the date of your receipt of this request for validation.

Name and Address of Alleged Creditor:

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Name on File of Alleged Debtor:

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Alleged Account #:

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Address on File for Alleged Debtor:

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Amount of Alleged Debt:

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Date (that this alleged debt became payable):

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Date of Original Charge or Delinquency:

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Was this Debt assigned to a Debt Collector or Purchased?

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Amount Paid if Debt was Purchased:

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Commission for debt collector if collection efforts are successful:

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# REQUESTED INFORMATION

Please attach copies of the following:

- Agreement with your client that grants \_\_\_\_\_ (Collection Agency Name) the authority to collect this alleged debt.
- Signed agreement Debtor has made with Debt Collector, or other verifiable proof Debtor has a contractual obligation to pay Debt Collector.
- Any agreement that bears the signature of Debtor, wherein agreed to pay Creditor.
- All statements while this account was open.

Have any insurance claims been made by any creditor regarding this account?

☐ YES - ☐ NO

Have any judgments been obtained by any creditor regarding this account?

☐ YES - ☐ NO

Please provide the name and address of the bonding agent for \_\_\_\_\_ (Name of Debt Collector), in case legal action becomes necessary:

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**Authorized Signature of Creditor:** \_\_\_\_\_

Date: \_\_\_\_\_

You must return this completed form along with copies of all requested information, assignments or other transfer agreements, which would establish your right to collect this alleged debt within 30 days from the date of your receipt of this letter.

Your claim cannot and WILL NOT be considered if any portion of this form 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 allow 30 days for processing after I receive this information.

