

Date: [Insert Date]

To:

[Debtor Name]

[Debtor Address]

[City, State, Zip Code]

From:

[Your Company Name/Collection Agency]

[Your Address]

[Your Phone Number]

RE: NOTICE OF DEBT - Account Number: [Insert Account Number]

Dear [Debtor Name],

Please be advised that your account with [Original Creditor Name] has been referred to this office for collection. According to our records, you have an outstanding balance of \$[Insert Amount].

This balance is now past due. We request that you make payment in full or contact our office to arrange a payment plan by [Insert Date].

Important Consumer Rights Notice:

- Unless you dispute the validity of this debt, or any portion thereof, within thirty (30) days after receipt of this notice, we will assume the debt to be valid.
- If you notify us in writing within the thirty-day period that the debt, or any portion thereof, is disputed, we will obtain verification of the debt or a copy of a judgment against you and a copy of such verification or judgment will be mailed to you by us.
- Upon your written request within the thirty-day period, we will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

Payments can be made via [Insert Payment Methods - e.g., Check, Online Portal, Phone].

Sincerely,

[Your Name/Signature]

[Your Title]