

[Your Name]
[Co-Account Holder Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Debt Collector Name]
[Debt Collector Address]
[City, State, Zip Code]

RE: Notice of Dispute and Request for Debt Validation

Regarding Account Number: [Insert Account Number]

To Whom It May Concern,

We are writing to formally dispute the validity of the debt referenced above. We received your notice dated [Date of Notice] and are exercising our right to request validation of this debt under the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692g.

This is not a refusal to pay, but a request for verification. Please provide the following information:

- Documentation showing the legal name of the creditor.
- The name and address of the original creditor, if different from the current creditor.
- An itemized statement of the alleged debt, including the original balance, interest, and any added fees.
- Verification that the statute of limitations for collecting this debt has not expired.
- A copy of the original signed contract or agreement associated with this joint account.
- Evidence that your agency is licensed to collect debts in our state.

If you fail to provide the requested documentation within thirty (30) days, please cease all collection activities and remove any derogatory information regarding this account from our credit reports.

Please note that we do not consent to being contacted by telephone. All future correspondence regarding this matter must be sent in writing to the address listed above.

Sincerely,

[Your Signature]

[Co-Account Holder Signature]