

**Date:** [Insert Date]

**To:**

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

**From:**

[Primary Account Holder Name] & [Joint Account Holder Name]  
[Current Address]  
[City, State, Zip Code]

**Re: Account Number: [Insert Account Number]**

Dear [Name of Debt Collector],

We are writing to formally dispute the validity of the debt referenced above. This letter is a request for debt validation pursuant to the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692g.

Because this is a joint account, we require a full itemized breakdown of the alleged balance to verify the accuracy of the charges against both parties. Please provide the following information:

- The name and address of the original creditor.
- A complete itemization of the total amount alleged to be owed, including the principal balance, interest, and any added fees.
- A copy of the original signed contract or agreement establishing this joint account.
- The date of the last payment made on the account.
- Proof that your agency is licensed to collect debt in our state.

Please note that this is not a refusal to pay, but a formal request for verification. Until this information is provided, you must cease all collection activities, including reporting this item to credit bureaus or contacting us by phone.

We look forward to receiving the requested documentation within 30 days.

Sincerely,

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[Primary Account Holder Printed Name]

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[Joint Account Holder Printed Name]