

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Re: Account Number [Insert Account Number]

Dear [Debt Collector Name],

I am writing to you as the primary account holder regarding the above-referenced joint account. I am formally requesting validation of the debt you are attempting to collect, pursuant to my rights under the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692g.

This is not a refusal to pay, but a formal request for verification and proof that I am legally obligated to pay this specific amount. Please provide the following information:

- The name and address of the original creditor.
- A complete accounting of the debt, including the original balance and any added interest or fees.
- Verification of the agreement signed by myself and the joint account holder that creates the legal obligation to pay.
- Proof that your agency is licensed to collect debt in my state.

If you fail to provide the requested validation within 30 days, you must cease all collection activities and remove any information regarding this debt from my credit reports. Please note that I am also requesting that you cease all telephone communication with me and conduct all future correspondence regarding this matter in writing.

Sincerely,

[Your Signature]

[Your Printed Name]