

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

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

Re: Account Number [Your Account Number]
Reference: Good Faith Partial Payment and Request for Debt Validation

Dear [Debt Collector Name],

I am writing regarding the debt you claim I owe for [Original Creditor Name]. Please find enclosed a payment in the amount of \$[Amount] as a good faith gesture toward this account.

Please be advised that this payment is not an acknowledgment of the total amount claimed, nor is it a waiver of my rights under the Fair Debt Collection Practices Act (FDCPA). I am formally disputing the total balance and requesting that you provide me with full validation of this debt.

Please provide the following information:

- Documentation showing the legal name of the creditor and the original account number.
- A complete breakdown of the principal, interest, and any additional fees added to the balance.
- Evidence that you are legally authorized to collect this debt in my state.
- A copy of the original signed contract or agreement.

If you fail to provide this validation within 30 days, I request that you cease all collection activity and remove any negative reporting associated with this account from my credit reports.

Please apply the enclosed payment to the principal balance of the account. I look forward to receiving the requested documentation.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: [Check/Money Order Number]