

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

[Date]

[Name of Debt Collector/Agency]
[Address of Debt Collector]
[City, State, Zip Code]

Re: Account Number [Insert Account Number]

Dear [Name of Debt Collector or Collection Agency],

I am writing to formally dispute the validity of the debt associated with the account number listed above. Pursuant to my rights under the Fair Debt Collection Practices Act (FDCPA), I am requesting full validation and proof of this debt.

Please provide the following information:

- The name and complete address of the original creditor.
- Documentation showing the specific date the account was opened with the original creditor.
- A complete statement of the account showing the original balance at the time of charge-off.
- A full itemization of the current balance, including a breakdown of all principal, interest, and any additional fees or charges added since the last statement from the original creditor.
- A copy of the original signed contract or agreement that established this debt.
- Proof that your agency is legally licensed to collect debt in my state.

If you fail to provide the requested documentation within 30 days of receiving this notice, I expect this account to be removed from my credit report and all collection efforts to cease immediately.

Please be advised that this is not a refusal to pay, but a request for verification of the debt. Until such proof is provided, I dispute the entire amount of this debt.

Sincerely,

[Your Signature]

[Your Printed Name]