

Debt Validation Letter

Your Full Name: _____

Your Address: _____

City, State, ZIP Code: _____

Date: _____

Debt Collector Name: _____

Debt Collector Address: _____

City, State, ZIP Code: _____

Original Creditor: _____

Amount Claimed: _____

Reason for Validation Request: _____

Signature: _____

*Note: Under the Fair Debt Collection Practices Act (FDCPA),
you have the right to request validation before paying any alleged debt.*