

SENT BY CERTIFIED MAIL NO. _____

Collection Agency Name:

Address:

RE: Account No.:

To Whom It May Concern:

I dispute the validity of the debt in the above-reference account, and would like verification from you of the obligation, the amount owed, and proof of a valid assignment of the debt from the original creditor to you. Please send me copies of all documents related to this debt including, but not limited to, court judgments or other orders, contracts, billing statements, account records, invoices, receipts, cancelled checks and correspondence. In addition, please detail all costs and interest charges owed, the dates incurred, and all amounts paid on the account. Send all of the requested documents to me at the address listed below.

I am also exercising my rights under the Fair Debt Collection Practices Act, 15 U.S.C §1692, and demand that you cease all communication with me, my family members and all other third persons.

I cannot pay this debt. My only income is from Social Security. My income is exempt from garnishment pursuant to 42 U.S.C. §1383(d) and §407. I have no real or personal property to use to pay this debt.

Sincerely,

Dated: _____

Signature

Printed Name: _____

Address: _____
