

SENT BY CERTIFIED MAIL NO. _____

Collection Agency Name:

Address:

RE: Account No.:

To Whom It May Concern:

I am 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: _____
