

Disputed Debt Account Statement Verification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To: [Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

Subject: Request for Verification of Disputed Debt Account

Dear [Creditor's Name],

I am writing to formally dispute the validity of the debt referenced in account number [Insert Account Number]. I request that you provide verification of this debt as stipulated under the Fair Debt Collection Practices Act.

Specifically, I would like to receive the following information:

- The amount of the debt;
- The name of the creditor to whom the debt is currently owed;
- Evidence that I am legally obligated to pay this debt;
- Any documentation that verifies the original account.

Please send the requested information to my address listed above within 30 days of receiving this request. Until the requested verification is provided, I respectfully request that you cease all collection activities related to this account.

Thank you for your prompt attention to this matter. I look forward to your reply.

Sincerely,

[Your Name]