

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

Date: [Insert Date]

[Collection Agency Name]
[Collection Agency Address]
[City, State, Zip Code]

Subject: Debt Validation Request

Dear [Collection Agency Name],

I am writing to request validation of the debt referenced in your communication dated [Insert Date of Collection Notice]. Under the Fair Debt Collection Practices Act (FDCPA), I have the right to request the validation of this debt.

Please provide me with the following information:

- The amount of the debt.
- The name of the creditor to whom the debt is owed.
- A copy of the original agreement or contract that created the obligation.
- Verification of your authorization to collect on this debt.

Until I receive the requested validation, I ask that you cease all collection activities on this matter.

Thank you for your attention to this matter. Please send your response to my address listed above.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]