

# Debt Verification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

Subject: Request for Debt Verification

Dear [Creditor's Name],

I am writing to request verification of the debt associated with my account number [Insert Account Number]. Under the Fair Debt Collection Practices Act, I have the right to request detailed information regarding this debt.

Specifically, I request that you provide:

- The amount of the debt
- The name of the original creditor
- A detailed statement of the charges leading up to the current balance
- Documentation of my responsibility for the debt

Please provide this information to me within 30 days of receiving this request. Failure to provide verification may result in the cessation of collection activity regarding this debt.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name]