

Debt Validation Request

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Creditor's Name

Creditor's Address
City, State, Zip Code

Dear [Creditor's Name],

I am writing to request validation of the debt you claim I owe for my credit card account (Account Number: [Insert Account Number]). In accordance with the Fair Debt Collection Practices Act, I request a detailed validation of this debt.

Please provide me with the following documentation:

- Proof that I am legally obligated to pay this debt.
- Details of the original creditor and the amount of the alleged debt.
- A copy of the original credit card agreement.
- A breakdown of any fees and interest that have been added to the balance.

During this validation process, please cease all collection efforts until this matter is resolved. I appreciate your prompt attention to this request and look forward to your response within 30 days.

Sincerely,
[Your Name]