

SAMPLE VALIDATION LETTER

[Your name]
[Your mailing address]

[Today's date]

[Collection company name]

[Collection company mailing address, verify from the credit report and searching online]

----- SENT VIA CERTIFIED MAIL -----
[Enter 20-digit number from certified mail receipt]

RE: Account # [enter account number]

To Whom It May Concern:

This letter is being sent to you in response to an entry made on my Experian, Equifax, and/or Transunion Credit report. Please be advised that this is not a refusal to pay, but a notice sent pursuant to the Fair Debt Collection Practices Act, 1: USC 1692g Sec 809 (b) that your claim is disputed and validation is requested.

Under the Fair Debt Collections Practices Act, I have the right to request validation of the debt you say I owe you. I am requesting proof that I am indeed the party you are asking to pay this debt, and there is some contractual obligation which is binding on me to pay this debt. This is NOT a request for "verification" or proof of my mailing address, but a request for VALIDATION made pursuant to the above named Title and Section of the Fair Debt Collection Practices Act.

You should also be aware that reporting inaccurate and unsubstantiated information to a credit reporting agency might constitute fraud under federal law.

In addition to the debt validation form, please provide the following information:

- Please explain the nature of the alleged debt - that is, what the money I allegedly owe is for; what purchases were made or services received
- Please provide an accounting explaining how you calculated what you allege that I owe;
- Please provide me with copies of any signed contracts or documents which form a basis for the alleged debt; and
- Please provide me with the name and address of the original creditor.
- Please provide a complete transaction and payment history from the Original Creditor.

I require compliance with the terms and conditions of this letter within 30 days or a complete withdrawal, in writing, of any claim.

In addition, the Fair Credit Reporting Act states that while this item is being investigated by you (under dispute) you must remove any negative inquiries regarding this alleged and invalidated debt, until the information and documentation requested is provided.

Sincerely,

[Your name]

Commented [CT1]: Enter number from certified mail receipt.



Mailing Instructions: Mail via Certified Mail with a Return Receipt Green Card.



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p><i>Collection Company PO BOX 57547 Jacksonville, FL 32241</i></p>	
<p>2. Article Number (Transfer from service label) 7102 2030 0006 4353 3363</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

*Jane Doe
 100 Main St
 Boston, MA 02120*

