YOUR NAME

YOUR STREET ADDRESS

YOUR CITY, STATE, ZIP

YOUR EMAIL OR PHONE NUMBER

TODAY’S DATE

DEBT COLLECTOR COMPANY

THEIR STREET ADDRESS

THEIR CITY, STATE, ZIP

THEIR EMAIL OR PHONE NUMBER

RE: Verification of DEBT Account ending in ####

Dear DEBT COLLECTOR COMPANY NAME,

I understand that you have been attempting to collect the above referenced debt.

In order to establish the validity of this date, I hereby request copies of this account’s entire chain of assignment dating back to the original creditor, ORIGINAL CREDITOR NAME.

Sincerely,

YOUR NAME