Verification of Debt

Fair Debt Collections Practices Act & Freedom of Information Act Request

Your Name

Account Number

Name of Financial Institution:

Name of Trustees, Beneficial Owners etc:

Name of CEO Director:

I am officially requesting the following: You have 30 Days to respond, to Note that this Debt is Disputed to all major Credit Bureaus and to Verify all claims PURSUANT TO USC 15 1681i (a) 3 and USC 15 1692 (e) 8, 10, 14

1. Provide the name of the ORIGINAL CREDITOR of this transaction
2. Provide a copy of the instrument giving you the authority to enforce the instrument
3. Prove you are the Holder in Due Course of the Original Instrument or if not then provide a certified copy of the instrument and prove you have a right to enforce payment.
4. You must produce the original contract (for Inspection), front and back pages, with my original signature (certified copies) in respect to the alleged contract and state for the record who the alleged original creditor was or Current holder of Original Contract is based on the preceding law
5. Provide a statement certifying that you did not breach any federal state contractual commercial or official oath or laws in carrying out the alleged contract and associated transactions.
6. Certify that you did not unlawfully without my consent use my signature to materially alter, falsely endorse, stamp or convert any contract bearing my name or signature, into a security, in order to convert my contract into assets, or gain assets from a third party. You MUST Certify and prove that you are an actual LENDER and that you did not commit any action that would preclude that you used my identity in a fraudulent or illegal manner in Violation of Law and (FEDERAL TRADE COMMISSION (FTC) Policy, yourself or in collusion with a third party or additional parties.

 You are bound by law to provide this information upon a request pursuant to FOIA USC 5 section 552 and the Fair Debt Collections Practices Act along with the aforementioned laws

Fill out the information below to verify receipt

[Receiver Name]

[Business Correspondence Address]

City, State Zip

Name of Agent Authorizing Loan Transaction:

Title of Agent:

Date

Bureau/ Agency of the Department

If Needed: Reason based on Internal Policy and or Laws and Statutes for Rejection of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*If you are willing to settle this manner with complete removal of this alleged debt please respond with the appropriate offer and I will hold all parties harmless after complete voiding of the alleged claim\*\*\*

Signature of Agent: