«Todays\_Date\_MMMM\_DD\_YYYY»

«Account\_Address\_Block»

File Number: -

RE: , as subrogee of

Date of Loss:

Amount Claimed: «Actual\_Total\_Jmt\_NonJmt\_Owing»

Dear :

Please be advised that assigned this claim to our office for resolution, as determined that you may be liable for the damages, or a portion thereof, incurred by their insured on the above referenced date. Please contact our office to resolve this matter. If you had insurance at the time of the loss, then please provide us with your insurance information and notify your insurance company.

Unless you notify our office within thirty (30) days after receiving this notice that you dispute our client’s determination of your liability, the validity of this claim, or any portion thereof, we will assume this debt is valid. However, if you notify our office, in writing, within thirty (30) days after receiving this notice that you dispute our client’s determination of your liability, the validity of this claim, or any portion thereof, then we will obtain verification of the claim or a copy of a judgment and mail you a copy of such verification or judgment. Also, if the name and address of the original insurance company is different from the current insurance company, we will provide you with the name and address of the original insurance company if you request this information from our office, in writing, within thirty (30) days after receiving this notice.

To resolve this claim, submit a «Actual\_Total\_Jmt\_NonJmt\_Owing» payment in any of these methods:

1. Mail – draft a check payable to with file number «Account\_Number» on the memo line and mail the check to our office at the address below
2. Online\* – pay with check or credit card with our processor: [**https://www.afm-usa.com/payment**](https://www.afm-usa.com/payment)
3. Phone\* – pay with check or credit card by contacting our office at **(847) 259-4700**.

\*A convenience fee will be assessed for both check or credit card payments made online or by phone.

Thank you,

«COLLECTOR\_NAME\_SIGNATURE»

**«Collector\_Pseudonym»**

P.O. Box 31579, Chicago, IL 60631

P: (847) 259-4700 | F: (847) 259-9434

«X1095\_COLLECTOR\_EMAIL\_CUSTOM»

This is an attempt to resolve a claim by a debt collector. Any information obtained will be used for that purpose.