

關於寄送停止債務催收通訊函件的指示說明

根據紐約市和聯邦法律，消費者可隨時要求債務催收人永久停止就債務或所稱債務與其聯繫。此外，如因冠狀病毒 (COVID-19) 危機而面臨財務困難，可以要求債務催收機構暫停就債務與您聯繫*。

請填寫隨附表單信函，並將其寄送給與您聯繫的債務催收機構。（隨附信函填寫步驟。）請保留一份副本以備用。收到您的信函後，除少數情況外，債務催收人在紐約市的緊急狀態結束前，不能再與您聯繫。如果他們繼續與您聯繫，請撥打 311 或造訪 nyc.gov/consumers 向消費者事務局 (Department of Consumer Affairs, DCA) 提出投訴（請隨附您寄出的信函副本）。

*重要須知：


- 如果您不知道債務催收人的名稱或地址，請查看之前的對帳單、詢問打電話給您的債務催收人或是透過其留給您的任何語音郵件查找公司名稱。
- 請參閱 DCA 的 [債務催收指南](http://nyc.gov/consumers) 以瞭解債務催收人與您聯繫時您所享有的權利，此指南可在 nyc.gov/consumers 取得。
- 如果債務催收人就您不知悉、自認為未積欠或已全額付清的所稱債務與您聯繫，您應要求債務催收人將所稱債務的書面證明寄送給您。
- 由於 COVID-19 危機，特定債務的支付已暫停，且不必支付罰款；請與您的債權人或貸款服務商（非債務催收人）聯繫，以瞭解債務狀況。
- 要求債務催收人停止就債務或所稱債務與您聯繫，並不意味著催收人必須停止收債活動，包括與債權人合作對該債務提起訴訟，或向消費者報告機構報告。
- 如果您需要關於債務管理或草擬信函給債權人的協助，請造訪 nyc.gov/TalkMoney 預約免費的電話財務諮詢服務。

注意：此信函並非法律建議。

填寫信函：

您必須在這些指定位置 填寫以下資訊：

- | | | | |
|----|-------------------------|-----|----------|
| 1： | 您的姓名 | 8： | 債務帳號（如有） |
| 2： | 您的地址（街道、門牌號） | 9： | 債務催收人的名稱 |
| 3： | 您的地址（州、城市、郵遞區號） | 10： | 您的姓名 |
| 4： | 日期 | 11： | 您的姓名 |
| 5： | 債務催收人的名稱 | 12： | 您的地址 |
| 6： | 債務催收人的地址（街道、門牌號） | 13： | 您的姓名（正楷） |
| 7： | 債務催收人的地址 （州、城市、郵遞區號） | 14： | 您的簽名 |



Lorelei Salas
Commissioner

42 Broadway
9th Floor
New York, NY 10004

nyc.gov/dca

1

(Your Name)

2

(Address Line 1)

3

(Address Line 2)

4

(Date)

5

(Debt Collector Name)

6

(Debt Collector Address Line 1)

7

(Debt Collector Address Line 2)

Re: Ceasing Debt Collection Communication **8** _____
(Account Number for Debt, if available)

Dear **9** _____,
(Debt Collector Name)

By signing this letter, **10** _____ is formally
(Your Name)

requesting that you cease all debt collection communications during the COVID-19 crisis, as required by the Rules of the City of New York, title 6, section 5-77(b)(4) and the Fair Debt Collection Practices Act, 15 U.S.C. section 1692c(c).

You are directed to stop all communication with **11** _____
at **12** _____
(Your Name)
(Your Address)

about this account until the State of Emergency covering New York City has ended. Any further communication beyond what is legally allowed will be a violation of the law and the New York City Department of Consumer Affairs will respond accordingly.

This letter is not meant in any way to be an acknowledgment that the consumer owes any money.

Your cooperation will be appreciated.

Sincerely,

NYC Department of Consumer Affairs

13 _____ **14** _____
Print Your Name Your Signature



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Commissioner

42 Broadway
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New York, NY 10004

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(Your Name)

(Address Line 1)

(Address Line 2)

(Date)

(Debt Collector Name)

(Debt Collector Address Line 1)

(Debt Collector Address Line 2)

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