

关于发送停止收债沟通函的说明

根据纽约市和联邦法律，消费者可随时要求收债人永久停止就所欠债务或声称债务与其联系。此外，如因冠状病毒 (COVID-19) 危机而面临财务困难，您可以要求收债机构暂停就所欠债务与您联系*。

请完整填写随附表格信函，并将其邮寄给与您联系的收债机构。（随附信函填写步骤。）请保留一份副本备用。收债人在收到该信函后直到纽约市的紧急状态解除前，不能再与您联系，但少数几种特殊情况除外。如果他们继续与您联系，请致电 311 或访问 nyc.gov/consumers 向消费者事务局 (Department of Consumer Affairs, DCA) 提出投诉（需提供一份您之前发送的信函副本）。

*重要须知：


- 如果您不知道收债人的名称或地址，请查看以往的对账单、询问给您打电话的收债人或者通过其留下的语音邮件查找公司名称。
- 请访问 nyc.gov/consumers 查阅 DCA [收债指南](#)，以了解收债人与您联系时您所享有的权利。
- 如果收债人就您并不知悉、自认为未拖欠或已全额偿还的声称债务与您联系，则您应要求收债人将声称债务的书面证明发送给您。
- 由于 COVID-19 危机，某些债务获准暂停支付，并且无需支付罚款；请与您的债权人或贷款服务机构（并非收债人）联系，以了解债务状况。
- 要求收债人停止就所欠债务或声称债务与您联系，并不意味着收债人必须停止收债活动，包括与债权人合作就债务提起诉讼或向消费者报告机构报告。
- 如果您在管理债务或给债权人写信方面需要帮助，请通过 nyc.gov/TalkMoney 预约免费电话财务咨询服务。

注意：本函并非法律建议。

填写本函：

您需要在指定位置填写 以下信息：

- | | |
|---------------------|--------------|
| 1: 您的姓名 | 8: 债务账号（如有） |
| 2: 您的地址（街道及门牌号） | 9: 收债人名称 |
| 3: 您的地址（州、城市、邮政编码） | 10: 您的姓名 |
| 4: 日期 | 11: 您的姓名 |
| 5: 收债人名称 | 12: 您的地址 |
| 6: 收债人地址（街道及门牌号） | 13: 您的姓名（正楷） |
| 7: 收债人地址（州、城市、邮政编码） | 14: 您的签名 |



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** _____

(Your Name)

at **12** _____

(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

Print Your Name

14

Your Signature



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Commissioner

42 Broadway
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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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(Account Number for Debt, if available)

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Your Signature