

# Billing Adjustment Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Billing Department Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Billing Department Name],

I am writing to formally appeal for a billing adjustment on my recent invoice [Invoice Number] dated [Invoice Date]. I believe there has been an error that resulted in an overcharge of [specify amount] on my account.

Upon reviewing my billing statement, I noticed [briefly describe the discrepancy, e.g., incorrect charges, unrecognized fees, etc.]. I have attached supporting documents, including [list any documents such as payment receipts or previous statements], which substantiate my claim.

I kindly request that you review my account and make the necessary adjustments. I appreciate your prompt attention to this matter, as it is essential for me to resolve this issue as quickly as possible.

Thank you for your assistance. I look forward to your swift response.

Sincerely,

[Your Name]