

Billing Error Resolution Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Billing Department]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Billing Department/Specific Contact Name],

I am writing to bring to your attention a billing error that I have encountered on my most recent invoice dated [insert invoice date], with invoice number [insert invoice number].

Upon reviewing the charges, I noticed that [describe the error clearly, e.g., an incorrect charge or a duplicated fee]. I believe this may be due to [briefly explain any relevant context, if applicable].

According to my records, the correct amount due should be [insert correct amount]. I have attached any relevant documents that support my claim for your review.

I kindly request that you investigate this matter at your earliest convenience and provide me with an updated invoice reflecting the corrected charge. I appreciate your prompt attention to this issue.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]