

Request for Elimination of Expired Account Balance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally appeal for the elimination of the expired account balance associated with my account, [Your Account Number].

Upon review of my account records, I noticed that there is an outstanding balance of [Amount] that has been marked as expired. I believe this balance should be waived due to [brief explanation of your reasoning, e.g., "the circumstances surrounding my account closure," "the discontinuation of the services," etc.].

I kindly ask you to review my request and consider waiving this expired balance, as it has caused undue inconvenience. I have been a loyal customer and appreciate your attention to this matter.

Thank you for your consideration. I look forward to your prompt response.

Sincerely,

[Your Name]