

# Payment Reconciliation Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a review and reconciliation of disputed charges reflected in my recent statement dated [Insert Statement Date]. My account number is [Insert Account Number]. After reviewing the charges, I noticed discrepancies amounting to [Insert Amount].

Specifically, the following charges are in dispute:

- [Description of Charge 1] - [Amount] - [Reason for Dispute]
- [Description of Charge 2] - [Amount] - [Reason for Dispute]

I have attached copies of relevant documents for your reference, including [List documents such as receipts, previous correspondence, etc.]. I kindly request that these disputed charges be investigated and resolved accordingly.

Thank you for your attention to this matter. I look forward to your prompt response and resolution of my appeal.

Sincerely,

[Your Name]