

# Letter of Appeal Regarding Payment Sequence Mistake

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Company/Organization Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally appeal regarding a mistake in the payment sequence for my account, [Your Account Number]. It has come to my attention that the payment made on [Date of Incorrect Payment] was not applied correctly, which has led to discrepancies in my account balance.

Upon reviewing my records, I can confirm that the correct payment sequence should have reflected a payment of [Amount] made on [Correct Date]. However, I noticed that it has been processed as [Incorrect Amount] on [Incorrect Date].

Attached are copies of my payment confirmations and related correspondence that support my claim. I kindly request that you review this information and adjust my account accordingly to reflect the accurate payment sequence.

Thank you for your attention to this matter. I appreciate your prompt response in rectifying this issue. Should you require any further details or documentation, please do not hesitate to contact me.

Sincerely,  
[Your Name]