

Claim for Refund on Erroneous Bill Payment

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date: [Insert Date]

Billing Department

Company Name

Company Address

City, State, Zip Code

Subject: Claim for Refund on Erroneous Bill Payment

Dear [Billing Department/Recipient's Name],

I am writing to formally request a refund for an erroneous bill payment that was processed on [Insert Date of Payment]. The payment, amounting to [Insert Amount], was made in error due to [briefly state the reason for the error, e.g., incorrect amount, duplicate payment, etc.].

Attached are copies of the relevant documents, including the payment receipt and any correspondence related to this matter. I kindly request that you expedite the process of my refund and provide me with confirmation once it has been processed.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]