

Billing Dispute Resolution Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Billing Department/Customer Service],

I am writing to formally dispute a billing issue that has occurred on my account, account number [Insert Account Number].

The dispute involves the charge of [Insert Disputed Amount] occurring on [Insert Date of Charge]. I believe this charge is incorrect because [briefly explain the reason for the dispute].

To assist in resolving this dispute, I have attached [mention any attached documents, such as a copy of the bill, correspondence, etc.].

I kindly request that you investigate this matter and provide a resolution at your earliest convenience. I appreciate your attention to this issue and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]