

Payment Adjustment Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the recent payment adjustment that was made to my account, [Your Account Number]. I believe that the adjustment made on [Date of Adjustment] does not accurately reflect the terms of my agreement or the services rendered.

Upon reviewing my account statement and the associated charges, I noticed [briefly explain the discrepancy or reason for appeal]. I have attached supporting documents that illustrate my concerns.

I kindly request that you reassess my account in light of this information and rectify any misunderstandings. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time and consideration.

Sincerely,

[Your Name]