

Letter of Appeal for Billing Address Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal for an adjustment of my billing address as recorded in your system. My account details are as follows:

Account Number: [Insert Account Number]

Current Billing Address: [Insert Current Address]

Requested Billing Address: [Insert New Address]

The reason for this adjustment is [briefly explain the reason, e.g., relocation, incorrect entry]. I appreciate your attention to this matter and would like to ensure that my billing information is accurate to avoid any service interruptions.

Please find attached any necessary documentation to support my request. I look forward to your prompt response to this appeal.

Thank you for your assistance.

Sincerely,

[Your Name]