

# Letter of Challenge for Mistaken Billing

**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

Dear Billing Department,

I am writing to formally contest a charge on my recent bill dated [Insert Bill Date], account number [Insert Account Number]. I have noticed a discrepancy that I believe to be a mistake.

The charge in question is for [Insert Description of Charge], which amounts to [Insert Amount]. Upon reviewing my records, I found that [briefly explain why the charge is incorrect].

I kindly request that you review this billing issue and correct it at your earliest convenience. Enclosed are copies of relevant documents supporting my claim.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

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

Sincerely,  
[Your Name]