

Request for Refund of Excess Premium Payment

Date: [Insert Date]

To,

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a refund for the excess premium payment made for my insurance policy with the policy number [Insert Policy Number]. Upon reviewing my account statements, I noticed an overpayment amounting to [Insert Amount].

Details of the Payment:

- Policy Number: [Insert Policy Number]
- Payment Date: [Insert Payment Date]
- Excess Amount: [Insert Amount]

I kindly request that you process this refund at your earliest convenience. Please let me know if you require any further information or documentation to facilitate this request.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]