

Letter of Appeal for Reversal of Duplicate Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for a reversal of a duplicate payment that was erroneously processed on my account. On [Insert Payment Date], I made a payment of [Insert Amount] for [Insert Description of Payment/Purpose]. However, I have noticed that this payment was charged to my account twice.

Details of the duplicate payment are as follows:

- Payment Date: [Insert Payment Date]
- Transaction Reference Number: [Insert Transaction Number]
- Amount: [Insert Amount]
- Payment Method: [Insert Payment Method]

I kindly request that you review this matter and initiate a reversal of the duplicate payment as it has caused an undue impact on my finances. I have attached copies of the relevant transaction statements for your reference.

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

Sincerely,

[Your Name]