

# Claim for Refund on Erroneously Duplicated Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Recipient Company]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a refund for an erroneously duplicated payment made on [insert date of the payment]. The payment reference number is [insert payment reference number].

Details of the transaction are as follows:

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

Upon reviewing my account, I noticed that this payment was processed twice, resulting in an overcharge. I kindly request that you investigate this matter and initiate a refund for the duplicate payment at your earliest convenience.

Please feel free to contact me at [your phone number] or [your email address] if you require any additional information to process this claim.

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

Sincerely,

[Your Name]