

Credit Card Disagreement Appeal

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Credit Card Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Customer Service Department],

I am writing to formally dispute a charge on my credit card account ([Your Account Number]) dated [Date of Charge]. The transaction in question is for [Description of Product/Service] amounting to [Amount].

I believe this charge is incorrect because [explanation of the disagreement, e.g., I did not authorize this transaction / the amount is incorrect / product/service not received etc.].

I have attached supporting documents, including [list documents, e.g., receipts, statements, correspondence]. I kindly request that this matter be investigated and the charge reversed.

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

Sincerely,

[Your Name]