

Payment Dispute Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally dispute an erroneous payment recorded on my account with [Company Name]. The payment in question was processed on [Insert Date] for the amount of [Insert Amount].

Upon reviewing my records, I have noticed that this payment does not correspond to any authorized transaction, and I believe it was charged in error. I kindly request that you investigate this matter and process a refund for the aforementioned amount.

Please find attached the relevant documentation supporting my claim, including transaction records and communication references.

I appreciate your prompt attention to this matter and look forward to your response within [Insert Response Timeframe].

Thank you for your assistance.

Sincerely,

[Your Name]