Credit Card Billing Dispute Request

[Your Signature (if sending a hard copy)]

Your Name: [Your Name] Your Address: [Your Address] City, State, Zip Code: [City, State, Zip Code] Email: [Your Email] Phone Number: [Your Phone Number] Date: [Date] Customer Service Department [Credit Card Company Name] [Company Address] [City, State, Zip Code] Subject: Billing Dispute for Account #[Your Account Number] Dear Customer Service. I am writing to dispute a charge on my credit card statement dated [Statement Date]. The charge in question is for [Disputed Amount] and appears on my statement as [Merchant Name or Description of Charge]. Upon reviewing my records, I have found that this charge is incorrect because [Brief Explanation of the Dispute, e.g., it was not authorized, the amount is wrong, I returned the item, etc.]. I have attached relevant documents to support my claim. According to the Fair Credit Billing Act, I would like to formally request an investigation into this matter. Please confirm that you have received this letter and let me know the outcome of the investigation at your earliest convenience. Thank you for your attention to this matter. I look forward to your prompt response. Sincerely, [Your Name]