

Formal Appeal Regarding Disputed Billing Errors

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department Name]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Billing Department/Specific Name],

I am writing to formally appeal the billing errors related to my account (Account Number: [Your Account Number]). After reviewing my recent statements, I have identified several discrepancies that I believe need to be addressed promptly.

The specific errors are as follows:

- [Error Description 1: e.g., Overcharge on [date]]
- [Error Description 2: e.g., Charge for service not received on [date]]
- [Error Description 3: e.g., Duplicate charge on [date]]

I have attached supporting documentation, including copies of the relevant bills and any correspondence related to this matter. I kindly request a thorough investigation into these billing errors and a correction to my account balance.

Please confirm receipt of this appeal and provide an estimated timeline for resolving these issues. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]