

Cancellation of Duplicate Billing

[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 Name],

I am writing to formally request the cancellation of a duplicate billing that has occurred on my account. My account number is [Your Account Number]. I noticed that I have been billed twice for [specific product/service] on [dates of duplicate charges].

To resolve this issue, I kindly ask that you review my account and process the cancellation of the duplicate charge. I would appreciate your prompt attention to this matter and a confirmation once the cancellation has been processed.

Thank you for your assistance.

Sincerely,

[Your Name]