[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Name of Bank/Financial Institution]
[Claims Department Address]
[City, State, Zip Code]

RE: Appeal of Denied Claim
Claim Number: [Insert Claim Number]
Transaction Date: [Insert Date of Wire Transfer]
Amount: [Insert Dollar Amount]

To the Claims Review Department,

I am writing to formally appeal the denial of my claim regarding the unauthorized wire transfer mentioned above. I received your denial letter dated [Date of Denial Letter], which stated the reason for denial was [Insert Reason Provided by Bank].

I disagree with this decision for the following reasons:

- [Reason 1: e.g., I did not authorize this transaction and my credentials were compromised.]
- [Reason 2: e.g., The transaction is inconsistent with my previous banking history.]
- [Reason 3: e.g., I notified the bank immediately upon discovery of the error.]

Enclosed please find supporting documentation that justifies my appeal, including: [List documents, e.g., Police Report, screenshots of unauthorized activity, correspondence].

Under the Electronic Fund Transfer Act (Regulation E) and applicable banking laws, I am requesting a full re-investigation of this matter. I expect a written response regarding the status of this appeal within [Number of Days, e.g., 10] business days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]