[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Bank Name]
[Card Issuer Address]
[City, State, Zip Code]

Subject: Formal Request for Chargeback - Duplicate Billing

Dear Dispute Department,

I am writing to formally request a chargeback for a duplicate transaction appearing on my [Credit/Debit] card account ending in [Last 4 Digits of Card].

The details of the duplicate transactions are as follows:

- **Merchant Name:** [Name of the Merchant]
- **Transaction Date:** [Date of the transactions]
- **Authorized Transaction Amount:** $[Amount]
- **Duplicate Transaction Amount:** $[Amount]
- **Transaction Reference Numbers (if known):** [Reference 1] and [Reference 2]

I intended to authorize only one transaction with this merchant. However, I have been billed twice for the same purchase. I have contacted the merchant on [Date] to resolve this issue, but [the merchant refused to issue a refund / I have not received a response].

Enclosed are copies of [my receipt / account statement] highlighting the duplicate charges as evidence for this claim.

Please investigate this matter and credit my account for the duplicate amount of $[Amount]. I look forward to your written confirmation regarding the initiation of this chargeback.

Sincerely,

[Your Signature]

[Your Printed Name]