

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

[Date]

[Billing Department Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Formal Grievance Regarding Double Billing - Account Number: [Your Account Number]

To Whom It May Concern,

I am writing to formally dispute a billing discrepancy regarding my account. Upon reviewing my recent statement dated [Date of Statement], I noticed that I have been charged twice for the same transaction.

The details of the duplicate charges are as follows:

- **Transaction Description:** [Description of Service or Product]
- **Transaction Date:** [Date of Purchase]
- **Transaction Amount:** [Amount]
- **Reference/Invoice Number:** [Invoice Number]

I have attached copies of my bank statement and the invoice as evidence of this error. I request that you investigate this matter immediately and issue a refund or credit to my account for the duplicate amount of [Amount].

Please confirm in writing once the correction has been made. I look forward to a prompt resolution of this issue.

Sincerely,

[Your Signature]

[Your Printed Name]