

June 12, 2014

Contact Name  
Address  
Address2  
City, State/Province  
Zip/Postal Code

**OBJECT: DEMAND OF REFUND OF DUPLICATE PAYMENT**

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Dear [CONTACT NAME],

On [DATE], this office mailed to you a check in the amount of [AMOUNT] per your [DATE] invoice.

After reviewing your file, I realized that this account had been paid in full on [DATE]. I am enclosing a photostat of our cancelled check [NUMBER] in the amount of [AMOUNT].

I would appreciate it if you would reimburse this office for the duplicate payment. I apologize for any inconvenience this error has caused.

Thank you for your prompt attention to this matter.

Sincerely,

Your name  
Your title  
(800) 123-4567  
youremail@yourcompany.com