

June 12, 2014

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

OBJECT: DEMAND OF REFUND OF DUPLICATE PAYMENT

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