

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

[Date]

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

**RE: Good Faith Dispute and Request for Write-Off**

Account Number: [Your Account Number]  
Invoice/Reference Number: [Invoice Number]  
Disputed Amount: \$[Total Amount Being Disputed]

Dear Billing Department,

I am writing to formally dispute the charges listed above regarding the services provided on [Date of Service].

I am disputing these charges based on the following reasons: [Briefly describe the error, such as "services not received," "incorrect billing code," "duplicate charge," or "quoted price differed from final bill"].

I value our professional relationship and wish to resolve this matter amicably. In the interest of a good faith resolution for both parties, I am requesting a full write-off of the disputed balance. I believe this is a fair outcome given the circumstances described above.

Please find attached copies of [List any supporting documents, e.g., receipts, previous correspondence, or contracts] which support my claim.

Please provide written confirmation within [Number, e.g., 15] business days that the disputed amount has been cleared and that my account reflects a zero balance. I look forward to resolving this matter promptly.

Sincerely,

[Your Signature]

[Your Printed Name]