|  | Rev. 134AFDA |
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| **REFUND DEMAND LETTER** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payee/ Representative Name & Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payor/ Representative Name & Address)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

This letter is being sent [on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] to formally request the refund of $\_\_\_\_\_\_\_\_\_ for the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please remit the full amount due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If full payment is not remitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ , further legal action may be taken against you. In addition to the amount requested herein, filing fees, attorney’s fees, and any other costs associated with obtaining the amount owed may be pursued.

Hopefully this matter can be resolved as soon as possible.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payee’s Signature)