

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

[Recipient's Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Subject: GGT Payment Adjustment Request

Dear [Recipient's Name],

I am writing to formally request a review and adjustment of the GGT payment processed on [date of payment] for [specific service/product].

Details of the payment:

- Invoice Number: [Invoice Number]
- Amount Paid: [Amount]
- Payment Reference: [Reference Number]

Reason for Adjustment:

[Briefly explain the reason for the request, including any relevant details such as discrepancies, errors, or additional information].

I have attached any supporting documents for your reference. I appreciate your attention to this matter and look forward to your prompt response regarding this adjustment request.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Company/Organization Name, if applicable]
[Attachment: Supporting Documents]