

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

[Date]

[Bank Name]  
[Branch Name]  
[Bank Address]  
[City, State, Zip Code]

**Subject: Request to Cancel Overdraft Limit on Account Number: [Your Account Number]**

Dear Bank Manager,

I am writing to formally request the cancellation of the overdraft limit/facility currently associated with my bank account, number [Your Account Number].

I would like this change to take effect immediately. Please ensure that no further overdraft charges or interest are applied to this account following the processing of this request. I understand that after the cancellation, any transactions exceeding my available balance will be declined.

Please provide a written confirmation once the overdraft limit has been successfully removed from my account.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]