

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

[Date]

[Bank Name]
[Department Name, e.g., Credit Appeals Department]
[Bank Address]
[City, State, Zip Code]

Re: Appeal of Overdraft Limit Decision for Account Number: [Your Account Number]

Dear [Contact Person Name or Customer Service Manager],

I am writing to formally appeal the recent decision regarding the overdraft limit on my account. On [Date of Denial/Reduction], I was notified that my request for an overdraft limit adjustment was [denied / reduced to a lower amount].

I would like you to reconsider this decision based on the following factors:

- **Financial Stability:** [Briefly describe your steady income or recent increase in salary].
- **Account History:** [Mention how long you have been a loyal customer and your history of timely payments].
- **Purpose:** [Explain why you need the adjustment, such as managing seasonal cash flow or as an emergency safety net].
- **Corrective Actions:** [Mention any debts paid off or improvements to your credit score].

I have attached supporting documentation, including [list documents, e.g., recent pay stubs, bank statements, or proof of income], to assist with your review.

I value my relationship with [Bank Name] and would appreciate the opportunity to discuss this further. Please let me know if you require any additional information. I look forward to your positive response regarding this appeal.

Sincerely,

[Your Signature]

[Your Printed Name]