

Date: [Insert Date]

To:

[Account Holder Name]

[Street Address]

[City, State, Zip Code]

RE: NOTICE OF EXPIRATION OF GRACE PERIOD - ACCOUNT NUMBER: [Insert Last 4 Digits]

Dear [Account Holder Name],

This letter serves as formal notification that the grace period for your overdrawn checking account balance has expired as of [Insert Date].

Our records indicate that your account remains in a negative status with a balance of **[\$[Insert Amount]]**. Despite previous notifications, the required funds have not been deposited to bring the account to a positive balance.

Immediate Action Required:

To avoid further action, please deposit the full amount of **[\$[Insert Amount]]** into your account by [Insert Deadline Date].

Failure to resolve this balance immediately may result in the following:

- Permanent closure of your account.
- Assessment of additional overdraft and extended vacancy fees.
- Reporting of your account status to national credit bureaus and ChexSystems.
- Referral of your account to an external collection agency.

If you have already made a deposit to cover this balance, please disregard this notice. If you are unable to pay the full amount at this time, please contact our Collections Department at [Insert Phone Number] to discuss potential payment arrangements.

Sincerely,

[Your Name/Department]

[Bank/Organization Name]

[Contact Phone Number]