[Your Name/Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Date]

[Recipient Name or Department]
[Insurance Agency/FDIC/Regulatory Body Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Dispute of Deposit Insurance Assessment Rate - Account/Institution ID: [Your ID Number]

To Whom It May Concern,

I am writing to formally dispute the deposit insurance assessment rate recently applied to [Institution Name] for the assessment period ending [Date]. Upon review of the "Notice of Assessment" received on [Date], we identified a discrepancy between the calculated rate and our internal financial records.

The notice indicates an assessment rate of [Incorrect Rate]%; however, based on our current risk category, financial ratios, and previous filings, we calculate the correct rate to be [Correct Rate]%.

Specifically, we believe the discrepancy arises from the following factors:

- [Factor 1: e.g., Incorrect classification of risk subcategory]
- [Factor 2: e.g., Errors in the calculation of total assessable deposits]
- [Factor 3: e.g., Failure to apply applicable credits or adjustments]

Attached to this letter are supporting documents, including [List Documents, e.g., Call Reports, Financial Statements, or Previous Assessment Notices], which verify the data we believe should be used for this calculation.

We request a formal review of this assessment and a corrected statement reflecting the adjusted rate and premium amount. Please notify us of your determination or if further information is required within [Number] business days.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]
[Title]
[Phone Number]
[Email Address]