[Date]

[Recipient Name/Department]
[Deposit Insurance Corporation/Agency Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Remittance of Deposit Insurance Assessment Fees - [Quarter/Period, Year]

Dear [Recipient Name or Contact Person],

Please find enclosed the deposit insurance assessment payment for [Financial Institution Name] for the period ending [Date]. This payment is submitted in accordance with the requirements set forth by the [Name of Regulatory Act or Agency].

The details of the remittance are as follows:

- **Financial Institution Name:** [Name]
- **FDIC/Regulatory ID Number:** [ID Number]
- **Assessment Period:** [e.g., Q1 2024]
- **Total Assessment Base:** $[Amount]
- **Applicable Assessment Rate:** [Rate]%
- **Total Payment Amount:** $[Total Amount]

Payment has been processed via [ACH Transfer / Wire Transfer / Check] under Reference Number [Reference Number] on [Date].

The relevant certified statements and calculation worksheets supporting this assessment are attached for your review.

If you require any further information or clarification regarding this remittance, please contact [Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Authorized Officer]
[Title]
[Financial Institution Name]