

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

[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

RE: Conditional Overdraft Fee Waiver Agreement - Account Ending in [Last 4 Digits]

Dear [Customer Name],

This letter serves as a formal agreement regarding the conditional waiver of overdraft fees assessed to your account between [Start Date] and [End Date]. [Bank Name] has agreed to waive/refund fees totaling \$[Amount] subject to the following conditions:

Conditions for Waiver:

- The account must maintain a positive balance for a period of [Number] consecutive days starting from [Date].
- The customer agrees to complete the [Financial Education Module/Program] by [Date].
- No further overdraft occurrences shall occur within the next [Number] months.
- [Additional Condition, if applicable].

Terms of Agreement:

Failure to meet any of the conditions outlined above will result in the immediate reversal of this waiver, and the original fees will be reapplied to your account balance. This waiver is granted as a one-time courtesy and does not constitute a permanent change to the terms and conditions of your account agreement.

By signing below or maintaining the account under these terms, you acknowledge and accept this conditional agreement.

Sincerely,

[Bank Representative Name]
[Title]
[Bank Name]

Customer Acknowledgment:

[Customer Signature]

[Date]