

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

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

Subject: Important Information Regarding Your Account: Overdraft Protection Offer

Dear [Customer Name],

We are writing to invite you to enroll in our Overdraft Protection Program for your account ending in [Last 4 Digits of Account Number]. This service is designed to give you peace of mind by ensuring your transactions are covered even when your balance is low.

Benefits of Enrollment:

- Prevents declined transactions at checkout.
- Avoids non-sufficient funds (NSF) returns on essential payments.
- Provides a safety net for emergency expenses.

How It Works:

If a transaction exceeds your available balance, [Bank Name] may authorize and pay the amount at our discretion. A fee of \$[Fee Amount] applies per covered item. You will only be charged if the service is used.

How to Enroll:

To opt-in to this protection, please choose one of the following options:

- Log in to your online banking portal and select "Overdraft Settings."
- Visit any of our local branch offices.
- Call our customer service team at [Phone Number].

Please note that if you do not enroll, your ATM and one-time debit card transactions may be declined if there are insufficient funds in your account.

If you have any questions, please contact us at [Phone Number] or visit [Website URL].

Sincerely,

[Sender Name/Department]
[Bank Name]