

[Date]

[Customer Name]

[Address Line 1]

[Address Line 2]

**Subject: Important Information Regarding Your Overdraft Services**

Dear [Customer Name],

We are contacting you to explain our overdraft services and the options available for your account ending in [Last 4 Digits of Account Number].

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Under our standard practices:

- We do not authorize and pay overdrafts for ATM withdrawals and everyday debit card transactions unless you ask us to.
- We may charge a fee of \$[Fee Amount] each time we pay an overdraft.

**Your Choice**

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, you must "opt in" by notifying us of your decision. If you do not opt in, these transactions will be declined if you have insufficient funds, and no overdraft fees will be charged for these specific transaction types.

**How to Opt In**

If you would like to maintain overdraft coverage for your debit card and ATM use, please choose one of the following methods:

- Fill out the enclosed form and return it in the provided envelope.
- Visit our website at [Website URL].
- Call us at [Phone Number].
- Visit any local branch office.

You have the right to revoke your decision at any time by contacting us through the methods listed above.

Sincerely,

[Bank Representative Name]

[Financial Institution Name]