[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Revocation of Overdraft Protection for Account Number: [Your Account Number]

To Whom It May Concern,

I am writing to formally request the cancellation of all overdraft protection services currently associated with the account listed above, effective immediately.

Specifically, I am "opting out" of your overdraft coverage for ATM and one-time debit card transactions. I understand that by revoking this protection, any transactions that exceed my available balance may be declined at the point of sale or ATM without a fee being charged by the bank for the decline.

Please provide written confirmation once this request has been processed and the overdraft protection has been removed from my account.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]