

[Date]

[Customer Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Confirmation of Enrollment in Worry-Free Debit Overdraft Protection

Dear [Customer Name],

Thank you for choosing to enroll your account ending in [Last 4 Digits of Account Number] in our Worry-Free Debit Purchases Overdraft Protection program.

This letter confirms that you have opted-in to allow [Bank Name] to authorize and pay overdrafts on your everyday debit card transactions and ATM withdrawals. With this protection, you can enjoy peace of mind knowing that your essential purchases may be approved even if your account balance is low.

What you need to know:

- This service applies to one-time debit card transactions and ATM withdrawals.
- A standard overdraft fee of \$[Fee Amount] may apply per transaction that overdraws your account.
- We will not charge more than [Number] overdraft fees per business day.
- You have the right to revoke this consent at any time by visiting a branch, calling our customer service line, or using our online banking portal.

Your enrollment is effective as of [Effective Date].

If you have any questions regarding your account or this service, please contact us at [Phone Number] or visit [Website URL].

Sincerely,

[Bank Name]

Customer Service Department