[Date]

[Customer Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Overdraft Protection Opt-In

Dear [Customer Name],

This letter confirms that we have received and processed your request to opt-in to Overdraft Protection for your account ending in [Last 4 Digits of Account Number].

What this means for you:

- We may now authorize and pay overdrafts for ATM and everyday debit card transactions.
- An overdraft fee of $[Amount] will be applied to your account for each transaction that exceeds your available balance.
- A maximum of [Number] overdraft fees may be charged per business day.

If you do not have sufficient funds in your account, we still reserve the right to decline any transaction at our discretion. You may change your overdraft preference or opt-out at any time by visiting a branch, calling us at [Phone Number], or logging into your online banking portal.

Thank you for choosing [Bank Name].

Sincerely,

[Bank Name]
[Customer Service Department]
[Contact Information]