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

[Date]

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

RE: Request to Permanently Close Overdraft Facility

Dear Customer Service Department,

I am writing to formally request the permanent closure and removal of the overdraft facility associated with the following account:

Account Holder Name: [Full Name on Account]
Account Number: [Your Account Number]
Account Type: [e.g., Checking/Current Account]

I wish to opt out of all overdraft services, including continuous overdraft protection and discretionary overdraft coverage. I understand that by closing this facility, any transactions that exceed my available balance may be declined at the point of sale or returned unpaid.

Please ensure that any recurring fees associated with maintaining this overdraft line are ceased immediately. I confirm that as of this date, my account balance is sufficient to cover any outstanding overdraft amounts, or I have enclosed a payment of $[Amount] to clear the existing debt.

Please provide written confirmation once the overdraft facility has been successfully removed and the account status has been updated.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]