

[Date]

[Bank Name]

[Branch Address]

[City, State, Zip Code]

Subject: Temporary Overdraft Repayment Plan Agreement

Dear [Bank Contact Name or Department],

Account Holder Name: [Your Full Name]

Account Number: [Your Account Number]

This letter serves as a formal agreement regarding the repayment of the outstanding overdraft balance on the above-referenced account. As of [Date], the current overdraft balance is \$[Amount].

I/We agree to repay this balance according to the following schedule:

- **Total Repayment Amount:** \$[Total Amount]
- **Installment Amount:** \$[Amount per Month/Week]
- **Frequency:** [Monthly/Weekly]
- **Start Date:** [Date of First Payment]
- **End Date:** [Date of Final Payment]

I/We understand that during this repayment period, further overdrafts are not permitted. I/We also understand that all payments must be made on or before the agreed-upon dates to maintain this agreement.

Please confirm your acceptance of this plan by signing below or providing written confirmation via mail/email.

Sincerely,

[Customer Signature]

[Print Name]

Bank Acceptance (For Office Use Only)

Representative Name: _____

Signature: _____

Date: _____