

[Date]

[Customer Name]

[Customer Address]

[City, State, Zip Code]

**Subject: Confirmation of Linked Account Overdraft Sweep Enrollment**

Dear [Customer Name],

This letter confirms that you have successfully enrolled in the Linked Account Overdraft Sweep service for your account ending in [Last 4 Digits of Primary Account].

**Enrollment Details:**

- **Primary Account:** [Account Name/Type] ending in [XXXX]
- **Funding Account:** [Account Name/Type] ending in [XXXX]
- **Effective Date:** [Date]
- **Transfer Increment:** [e.g., \$100.00 or exact amount of overdraft]

**How it works:**

If your Primary Account does not have sufficient funds to cover a transaction, funds will be automatically transferred from your Funding Account to cover the difference, provided the funds are available. Please note that a transfer fee of [Amount/N/A] may apply per daily sweep.

If you did not request this change or if the details above are incorrect, please contact us immediately at [Phone Number] or visit your local branch.

Thank you for choosing [Bank Name].

Sincerely,

[Bank Representative Name/Department]

[Bank Name]