[Bank Name]
[Bank Address]
[City, State, Zip Code]
[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Acknowledgment of Overdraft Privilege Opt-Out

Dear [Customer Name],

This letter is to formally acknowledge that we have received and processed your request to opt out of our overdraft services for the following account(s):

Account Number(s): [Last four digits of account numbers]

As per your request, effective [Date], we will no longer authorize or pay overdrafts for the following types of transactions:

- ATM withdrawals
- Everyday debit card transactions

Please be aware that if you do not have sufficient funds in your account to cover a transaction, the transaction will be declined at the point of sale or ATM. No overdraft fees will be charged for these declined transactions.

Please note that this choice does not affect the bank's policy regarding checks or automatic bill payments (ACH transactions), which may still be paid at the bank's discretion and subject to applicable fees, unless otherwise specified in your account agreement.

If you have any questions regarding this change or if you wish to reinstate your overdraft coverage in the future, please visit your local branch or call our customer service department at [Phone Number].

Thank you for choosing [Bank Name].

Sincerely,

[Bank Representative Name]
[Title]
[Bank Name]