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

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

RE: Cancellation of Overdraft Protection / Overdraft Coverage

Dear Customer Service Department,

I am writing to formally request the cancellation of all overdraft protection and overdraft coverage features for my checking account ending in [Last 4 Digits of Account Number].

Effective immediately, please remove any "Opt-In" status for overdraft services on this account. I understand that by canceling this service, any transaction that exceeds my available balance may be declined at the point of sale or returned unpaid, and I may be subject to non-sufficient funds (NSF) fees rather than overdraft fees.

Please provide written confirmation once this request has been processed and the overdraft features have been removed from my account.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]