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

[Date]

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

RE: Overdraft Protection Opt-Out Request for Account Number: [Your Account Number]

To Whom It May Concern,

I am writing to formally request to opt-out of the overdraft protection service currently linked to the above-referenced account, effective immediately.

I understand that by opting out, any transactions-including ATM withdrawals and one-time debit card purchases-that exceed my available balance will be declined at the point of sale rather than being covered by the bank for a fee.

Please update my account preferences to reflect this choice. I also request a written confirmation once this change has been processed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]