[Date]

[Customer Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Overdraft Opt-Out Request

Dear [Customer Name],

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

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

As requested, we will no longer authorize or pay overdrafts for the following types of transactions:

- ATM withdrawals
- One-time debit card transactions

What this means for you:

Moving forward, if your account does not have sufficient funds at the time of an ATM or one-time debit card transaction, the transaction will be declined. You will not be charged an overdraft fee for these specific declined transactions.

Please note that this change does not apply to checks, recurring debit card payments, or automatic bill payments (ACH). We may still authorize these items at our discretion, and applicable overdraft fees may still apply to those transaction types.

It may take up to [Number] business days for this update to be fully reflected across all our systems.

If you have any questions or if you wish to change your overdraft preferences in the future, please visit your local branch, log in to your online banking portal, or call us at [Phone Number].

Sincerely,

[Bank Name]
[Customer Service Department]