[Date]

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

Subject: Confirmation of Overdraft Service Decline

Dear [Customer Name],

This letter confirms that we have received your request to **decline (opt-out)** of our overdraft service for ATM and everyday debit card transactions for your account ending in [Last 4 Digits of Account Number].

What this means for you:

- Effective [Date], we will generally not authorize and pay overdrafts for ATM withdrawals and everyday debit card transactions.
- If you do not have sufficient funds in your account at the time of a transaction, the transaction will typically be declined.
- You will not be charged an overdraft fee for these types of transactions.

Please note that this choice does not affect our policy regarding the payment of overdrafts for other types of transactions, such as checks or automatic bill payments (ACH transactions).

If you change your mind and would like to opt-in to this service in the future, you may do so at any time by contacting us at [Phone Number], visiting our website at [Website URL], or stopping by any of our branch locations.

Thank you for choosing [Financial Institution Name].

Sincerely,

[Bank Representative Name/Department]
[Financial Institution Name]