Current Date: [Insert Date]

To: [Name of Financial Institution]
Attn: Deposit Operations / Customer Service
[Institution Address]
[City, State, Zip Code]

RE: Request to Cancel Overdraft Privilege

To Whom It May Concern,

Please accept this formal written request to cancel the Overdraft Privilege (also known as Overdraft Protection or Courtesy Pay) on the following account(s) effective immediately:

- Account Holder Name: [Full Name]
- Account Number: [Your Account Number]

By submitting this request, I understand and agree to the following:

- The financial institution will no longer authorize or pay overdrafts for ATM and everyday debit card transactions.
- Future transactions that exceed my available balance will be declined at the point of sale.
- I may still be responsible for any Non-Sufficient Funds (NSF) fees or returned item fees as outlined in the account agreement.

Please provide written confirmation once this change has been processed for my records.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]