

[Date]

[Customer Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Important Information Regarding Your Overdraft Coverage**

Dear [Customer Name],

This letter is to inform you about the standard overdraft coverage options available for your account ending in [Last 4 Digits of Account Number].

**What is Standard Overdraft Coverage?**

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Our standard overdraft practices include coverage for:

- Checks and other transactions made using your checking account number.
- Automatic bill payments.

**ATM and Everyday Debit Card Transactions**

We do not authorize and pay overdrafts for ATM withdrawals and everyday debit card transactions unless you ask us to (opt-in). If you do not opt-in, these transactions will typically be declined if you do not have sufficient funds.

**Fees**

Under our standard overdraft practices:

- We will charge you a fee of \$[Fee Amount] each time we pay an overdraft.
- There is a limit of [Number] fees per day that we can charge you for overdrawing your account.

**Your Options**

If you would like us to authorize and pay overdrafts on ATM and everyday debit card transactions, or if you wish to change your current preferences, please:

- Visit our website at [Website URL].
- Call us at [Phone Number].
- Visit any local branch.

Sincerely,

[Bank Name]

[Customer Service Department]