

NOTICE OF RIGHT TO CURE OVERDRAFT BALANCE

Date: [Insert Date]

[Business Name]

[Attention: Name/Department]

[Street Address]

[City, State, Zip Code]

RE: Account Number ending in: [Insert Last 4 Digits]

Dear Customer,

This letter serves as formal notification that your commercial deposit account referenced above is currently overdrawn. As of [Insert Date], the total outstanding negative balance is \$[Insert Amount].

Our records indicate that this overdraft has remained unpaid for [Number] days. Under the terms of your Commercial Deposit Account Agreement, you have the right to cure this default by depositing or transferring sufficient funds to bring the account to a positive balance.

Action Required:

To cure this deficiency, please remit payment in the amount of \$[Insert Amount] no later than [Insert Deadline Date].

Failure to cure this balance by the date specified may result in the following actions:

- Permanent closure of the account.
- Reporting of the delinquency to commercial credit reporting agencies.
- Referral of the balance to a third-party collection agency.
- Legal action to recover the debt, including applicable interest and legal fees.

If you have already sent a deposit or believe this notice is in error, please contact our Commercial Services Department immediately at [Insert Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Financial Institution]

[Department Name]

[Contact Information]