

DATE: [Current Date]

TO:

[Customer Name]

[Customer Address]

[City, State, Zip Code]

RE: NOTICE OF RIGHT TO CURE OVERDRAFT BALANCE

Account Number ending in: [Last 4 Digits of Account]

Dear [Customer Name],

Your account currently has a delinquent negative balance. This letter serves as formal notice of your right to cure this default.

Overdraft Balance Due: \$[Amount]

Date Payment Must Be Received By: [Due Date]

To cure this default and bring your account back into good standing, you must pay the total amount listed above by the specified date. Payment can be made via [Deposit/Transfer/Branch Visit/Online Banking].

If you do not cure this default by the date listed above, we may take the following actions:

- Close your account.
- Report the delinquency to national credit bureaus or specialized reporting agencies (such as ChexSystems).
- Refer your account to an external collection agency.
- Pursue legal action to recover the debt.

If you are unable to pay the full amount or if you believe there is an error regarding this balance, please contact our Collections Department immediately at [Phone Number] during the hours of [Operating Hours].

Sincerely,

[Representative Name/Department]

[Financial Institution Name]

[Phone Number]