

[Your Name/Bank Name]  
[Department]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Recipient Name]  
[Street Address]  
[City, State, Zip Code]

**RE: Notice of Right to Cure Overdraft Balance**  
**Account Number ending in: [Last 4 Digits of Account]**

Dear [Recipient Name],

This letter serves as formal notice that your account is currently overdrawn. As of [Date], your account carries a negative balance of \$[Amount].

This negative balance resulted from the following transactions: [List transactions or refer to attached statement].

**Demand for Payment:**

You are hereby requested to deposit sufficient funds to bring your account to a positive balance immediately. To "cure" this default and avoid further action, you must pay the total amount of \$[Amount] by no later than [Due Date].

**Consequences of Failure to Cure:**

If you do not cure the overdraft by the date specified above, we may take one or more of the following actions:

- Closure of your account.
- Reporting the delinquency to consumer reporting agencies (such as ChexSystems or credit bureaus).
- Referral of the debt to a collection agency.
- Legal action to recover the outstanding balance plus applicable costs.

Please remit payment via [Online Banking / Branch Deposit / Mail]. If you have already sent this payment, please disregard this notice.

If you are experiencing financial hardship or believe this balance is in error, please contact us immediately at [Phone Number] to discuss potential payment arrangements.

Sincerely,

[Signature]  
[Typed Name]  
[Title]