

**DATE:** [Current Date]

**FROM:**

[Financial Institution Name]

[Department Name]

[Street Address]

[City, State, Zip Code]

**TO:**

[Customer Name]

[Street Address]

[City, State, Zip Code]

**RE: NOTICE OF RIGHT TO CURE DEFAULT**

**Account Number:** [Account Number]

**Overdraft Protection Agreement Date:** [Date of Original Agreement]

Dear [Customer Name],

You are currently in default on your Overdraft Protection Agreement for the account listed above. As of [Date], your account is overdrawn and past due in the amount of \$[Total Amount Past Due].

**Total Amount to Cure Default:** \$[Amount]

**Deadline to Cure:** [Date - typically 20-30 days from notice]

To cure this default, you must pay the Total Amount to Cure shown above on or before the Deadline to Cure date. Payment should be made via [Method of Payment: e.g., deposit at branch, online transfer, or check].

If you do not cure the default by the deadline, we may exercise our rights under the agreement, which may include:

- Termination of your Overdraft Protection privileges.
- Closing your deposit account.
- Reporting the default to credit reporting agencies.
- Initiating legal action or referring the account to a collection agency to recover the full balance, including applicable interest and fees.

If you have already sent your payment or if you believe this notice is in error, please contact our Customer Service Department immediately at [Phone Number].

Sincerely,

[Name/Signature]

[Title]

[Financial Institution Name]