

[Date]

[Customer Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Confirmation of Enrollment in Overdraft Protection Program

Dear [Customer Name],

Thank you for choosing to enroll your account ending in [Last 4 Digits of Account Number] in our Overdraft Protection Program. This letter serves as official confirmation of your enrollment, effective [Effective Date].

Program Details:

- **Linked Account:** [Type of Linked Account/Credit Line]
- **Transfer Increments:** [Amount, e.g., \$100.00]
- **Transfer Fee:** [Fee Amount per transfer]

By enrolling in this program, funds will automatically be transferred from your linked account to your checking account to cover transactions if your balance falls below zero. This helps you avoid declined transactions and non-sufficient funds (NSF) fees.

Please ensure that your linked account maintains sufficient funds to cover potential transfers. You may cancel this protection or change your linked account settings at any time by visiting a branch or logging into your online banking portal.

If you have any questions regarding this service, please call our customer service team at [Phone Number] or visit [Website URL].

Sincerely,

[Bank Representative Name]

[Bank Name]