



<Date>

<First Name> <Last Name>

<Address 1>

<Address 2>

<City>, <ST> <Zip>

Confirmation of ATM and Debit Card Opt-In

Dear <First Name>,

We have received and processed your consent to opt-in to overdrafts on your ATM and debit card transactions.

You have the right to revoke this consent at any time. Advise us immediately if you did not opt-in and received this letter in error.

Please give us a call at {000-000-0000}, if you have any questions.

Sincerely,

Title

Your Institution