

# Request for Overdraft Protection Enrollment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Dear [Bank Manager's Name],

I am writing to request enrollment in your overdraft protection program for my checking account with the following details:

Account Holder Name: [Your Name]

Account Number: [Your Account Number]

I would like to ensure that my transactions are covered in case of insufficient funds, and I believe that enrolling in your overdraft protection service will provide me with peace of mind.

Please let me know if you require any additional information or documentation to process my request. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]