

Formal Appeal for Overdraft Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Dear [Bank Manager's Name],

I am writing to formally appeal the recent decision regarding my overdraft coverage on my checking account ([Account Number]). I understand the bank's policies regarding overdrafts, but I would like to provide some context for my situation.

On [insert date of the overdraft], due to [briefly explain reason, e.g., an unexpected expense, a delay in pay, etc.], my account was overdrawn. I have been a loyal customer of [Bank Name] for [insert duration] and have consistently maintained a positive banking history. I have always valued the relationship I have developed with [Bank Name].

Given my previous track record and the unforeseen nature of this event, I kindly request that you reconsider reinstating my overdraft coverage. This would greatly assist me in managing my finances and avoiding further complications.

I appreciate your consideration of my request. Please let me know if any further information is needed. I look forward to your prompt response.

Thank you for your time and understanding.

Sincerely,

[Your Name]