

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Bank Name]
[Bank Address]
[City, State, ZIP Code]

Subject: Request for OD Renewal for Joint Account

Dear [Bank Manager's Name],

I hope this letter finds you well. I am writing to formally request the renewal of the Overdraft (OD) facility for our joint account, [Account Number], held in the names of [Your Name] and [Co-Account Holder's Name]. Our current OD facility is set to expire on [Expiration Date], and we would like to continue benefiting from this service. Please find attached the required documents for your review.

We appreciate your support and look forward to your prompt assistance in renewing our OD facility.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Co-Account Holder's Name]