FEE REINSTATEMENT TEMPLATE LETTER

Date
Mr. / Ms Street Address City, State Zip
RE: Account Info:
Dear <insert name="">:</insert>

In our efforts to keep you, our valued client, abreast on the activities that affect your account, we would like to share with you information on the special fees that are associated with being a City National Bank client. After the conversion, as a courtesy, the fees on your account were waived. Going forward, your account(s) will form part of the scheduled periodical account review preformed by City National Bank.

It is our custom to periodically review our clients' account to ensure that the account balance meets the required minimum. If the balance falls below a preset amount, a fee is assessed. We have included for your reference, the "Disclosure and Schedule of Fees for Personal Accounts". This document details what the balance requirements are to avoid a service fee.

The first review of your account will take place on (DATE) and the appropriate fee will be added to your account.

We value your business and our goal is to earn your loyalty and support. If you have any questions, please feel free to reach out to us at xxx-xxx. We are here to serve you.

Sincerely,