

[Date]

[Bank Name]
[Bank Address Line 1]
[Bank Address Line 2]
[City, State, Zip Code]

Subject: Audit Confirmation Request

Dear Bank Manager,

In connection with an audit of our financial statements, please provide directly to our auditors the following information regarding our deposit accounts as of the close of business on **[Audit Cut-off Date]**.

Please provide the account balances and details for the following accounts:

Account Name	Account Number	Account Type	Balance (to be filled by Bank)
[Entity Name]	[Account Number 1]	[e.g., Checking]	
[Entity Name]	[Account Number 2]	[e.g., Savings]	

In addition to the balances above, please provide information regarding:

- Any restrictions on withdrawals or compensating balances.
- Details of any loans, lines of credit, or other liabilities.
- Details of any collateral or guarantees held against these accounts.
- Any interest earned but not yet credited as of the date specified.

Please mail the completed confirmation directly to our auditors at the following address:

[Auditor Name / Firm Name]
[Auditor Address Line 1]
[Auditor Address Line 2]
[City, State, Zip Code]
Attn: [Contact Person]

An addressed envelope is enclosed for your convenience.

Sincerely,

[Signature]
[Name of Authorized Signatory]
[Title/Position]
[Company Name]