

Date: [Date]

To:

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request - Closed Account

Dear Audit Department,

In connection with an audit of our financial statements, please confirm the details of the closed account(s) listed below as of [Audit Cut-off Date].

Account Name: [Account Name]

Account Number: [Account Number]

Date Closed: [Date Account was Closed]

Please provide the following information regarding the account(s) mentioned above:

- Confirmation that the account was closed on the date indicated.
- The balance of the account at the time of closure (\$0.00 or otherwise).
- Confirmation of the disposition of the remaining funds (e.g., transferred to account #[Number], issued via check).
- Whether any outstanding liabilities or obligations remain associated with this account.

Please send your response directly to our auditors:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email/Contact Information]

Your prompt attention to this request is appreciated.

Sincerely,

[Authorized Signature]

[Printed Name]

[Title]

[Company Name]