

[Company Letterhead / Logo]

[Current Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request for [Company Name]

To the Bank Manager,

In connection with an audit of our financial statements, please provide directly to our auditors, [Name of Audit Firm], the information requested below regarding our deposit account balances as of the close of business on [Audit Cut-off Date].

Please confirm the following details for all accounts held by [Company Name]:

- Account Name
- Account Number
- Account Type (Checking, Savings, Money Market, CD, etc.)
- Balance as of [Audit Cut-off Date]
- Currency
- Interest Rate (if applicable)
- Details of any liens, encumbrances, or restrictions on withdrawals

If there are no balances or if the accounts were closed during the year, please indicate accordingly.

Please mail the completed confirmation directly to:

[Name of Audit Firm]

[Auditor Address]

[Auditor City, State, Zip Code]

Attention: [Engagement Partner/Manager Name]

Or email a secure digital copy to: [Auditor Email Address]

An authorized signature from [Company Name] is provided below to permit the release of this information.

Sincerely,

[Authorized Signature]

[Printed Name]

[Title/Position]
[Company Name]