

[Date]

[Bank/Financial Institution Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Escrow Deposit Account Balance Audit Confirmation

To whom it may concern,

In connection with an audit of our financial statements, please confirm directly to our auditors the balance(s) and details of the escrow deposit account(s) listed below as of [Audit Cut-off Date].

Account Information:

- **Account Name:** [Name on Account]
- **Account Number:** [Account Number]
- **Current Balance:** [Amount]

Please provide the following additional information if applicable:

1. The date the account was opened.
2. Any liens, encumbrances, or restrictions on withdrawals.
3. Interest rate and total interest earned during the period.
4. Any other accounts or liabilities associated with this escrow agreement.

Please send the requested information directly to our auditors at the following address:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email/Contact]

Sincerely,

[Authorized Signature]

[Printed Name]

[Title]

[Company Name]