

[Company Letterhead/Logo]

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Request for Confirmation of Deposit Account Balances

Dear Sir/Madam,

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 provide details for the following accounts:

- **Account Name:** [Account Name 1]
- **Account Number:** [Account Number 1]

- **Account Name:** [Account Name 2]
- **Account Number:** [Account Number 2]

For each account listed above, please confirm:

1. The exact balance at the close of business on the date specified.
2. Whether the account is subject to any withdrawal restrictions or liens.
3. The interest rate applicable to the account (if any).
4. Details of any other direct or contingent liabilities, such as loans or guarantees, associated with these accounts.

Please mail the completed confirmation directly to:

[Audit Firm Name]

[Audit Firm Address]

[City, State, Zip Code]

Attn: [Specific Auditor Name/Department]

If you prefer to send the response electronically, please send it to: [Auditor Email Address].

Thank you for your prompt attention to this request.

Sincerely,

[Authorized Signature]

[Name of Signatory]

[Title/Position]

[Company Name]