

Date: [Insert Date]

To:

[Bank Name]

[Bank Branch Address]

[City, State, Zip Code]

Subject: Interim Audit Confirmation Request

Dear Bank Manager,

In connection with the interim audit of our financial records, please provide directly to our auditors, [Auditor Name], the account balance information as of [Interim Date] for the following deposit accounts:

Account Name	Account Number	Type of Account
[Account Name 1]	[Account Number 1]	[Checking/Savings/Money Market]
[Account Name 2]	[Account Number 2]	[Checking/Savings/Money Market]

Please also include details regarding any liens, encumbrances, or restrictions on these accounts, as well as any outstanding loans or lines of credit associated with these accounts at the date specified above.

Please mail the completed confirmation directly to:

[Auditor Name]

[Auditor Address]

[City, State, Zip Code]

[Email Address for Digital Submission, if applicable]

Thank you for your prompt attention to this request.

Sincerely,

[Authorized Signature]

[Printed Name]

[Job Title]

[Company Name]