

**Date:** [Insert Date]

**To:**

[Bank Name]

[Bank Branch Address]

[City, State, Zip Code]

**Subject: Audit Confirmation Request for Joint Account**

Dear Sir/Madam,

For audit purposes, please provide our auditors, [Auditor Name/Firm], with the account balance and related information for the following joint deposit account as of [Audit Cut-off Date].

**Account Name(s):** [Name of Holder 1] and [Name of Holder 2]

**Account Number:** [Insert Account Number]

**Account Type:** [e.g., Savings, Checking, Money Market]

Please confirm the following details directly to the auditors:

- The account balance as of the close of business on [Audit Cut-off Date].
- The current interest rate applicable to the account.
- Any liens, encumbrances, or restrictions currently placed on the account.
- The names of all authorized signatories on the account.

Please send the requested information directly to:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email/Contact Info]

Your prompt attention to this request is appreciated.

Sincerely,

---

[Signature of Holder 1]

[Printed Name of Holder 1]

---

[Signature of Holder 2]

[Printed Name of Holder 2]