

Date: [Current Date]

To:

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request

Dear Bank Manager,

For the purpose of an audit of our financial statements, please provide our auditors, [**Auditor Name**], with the following information regarding our deposit accounts as of the close of business on [**Audit Date**]:

- Account Name
- Account Number
- Current Balance
- Interest Rate
- Any restrictions on withdrawals or liens against the balance

Our records indicate the following accounts are held at your institution:

Account Name	Account Number
[Account Name 1]	[Account Number 1]
[Account Name 2]	[Account Number 2]

Please send the completed confirmation directly to our auditors at the following address:

[Auditor Name]

[Auditor Address]

[Auditor Email/Contact]

Thank you for your prompt attention to this request.

Sincerely,

[Authorized Signature]

[Name and Title]

[Company Name]