

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Trust Deposit Account Balance Audit Confirmation

Dear Bank Manager,

In connection with an audit of our financial records, please confirm directly to our auditors the balance(s) for the trust account(s) listed below as of the close of business on [Audit Cut-off Date].

Account Details:

- Account Name: [Exact Name on Trust Account]
- Account Number: [Account Number]
- Type of Account: [e.g., Trust Checking / IOLTA / Savings]

Please provide the following information regarding the account(s) mentioned above:

1. The exact balance as of the date specified.
2. The interest rate (if applicable).
3. Details of any liens, encumbrances, or restrictions on withdrawals.
4. Any outstanding loans or liabilities associated with this account.

Please mail or email the completed confirmation directly to our auditors at:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email Address]

An addressed envelope is enclosed for your convenience.

Sincerely,

[Signature]

[Printed Name of Authorized Signatory]

[Title/Position]

[Company/Firm Name]