

[Company Letterhead]

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request - Zero Balance Account

To Whom It May Concern,

In connection with an audit of our financial statements, please provide directly to our auditors, [Auditor Name], the following information regarding the account(s) listed below as of the close of business on [Audit Date].

Account Details:

- **Account Name:** [Exact Account Name]
- **Account Number:** [Account Number]
- **Account Type:** Zero Balance Account (ZBA)

Please confirm the following:

1. That the account balance was zero (\$0.00) at the close of business on the date specified above.
2. Details of any restrictions on the account.
3. Details of any liabilities, loans, or guarantees related to this account.

Please mail the completed confirmation directly to:

[Auditor Name]

[Auditor Address]

[Auditor Email/Contact]

Sincerely,

[Authorized Signature]

[Name and Title]

[Company Name]