

Date: [Insert Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Audit Confirmation Request - Closed Account(s)

Dear [Customer Name],

Our records indicate that the account(s) listed below held with [Financial Institution Name] were closed during the period of [Start Date] to [End Date].

In connection with the routine audit of our financial records, please verify the accuracy of the following information regarding your closed account(s):

Account Type	Account Number (Masked)	Date Closed	Balance at Closing
[Checking/Savings]	[XXXX-1234]	[MM/DD/YYYY]	[\$[0.00]]

Please compare the information above with your personal records. If the information is correct, no further action is required. If you find any discrepancies, please sign this letter and return it to our auditors at the address below:

[Audit Firm Name / Internal Audit Dept]
[Audit Mailing Address]
[City, State, Zip Code]

Discrepancy Notes (if any):

Customer Signature: _____ **Date:** _____

Thank you for your cooperation.

Sincerely,

[Name of Audit Coordinator]
[Title]
[Financial Institution Name]