

[Company Letterhead]

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation - Closed Accounts

To the Audit Department,

In connection with the audit of our financial statements, please confirm directly to our auditors, [Auditor Name/Firm], the details of the account(s) listed below which were closed during the period from [Start Date] to [End Date].

Account Name	Account Number	Date Closed	Balance at Closing
[Insert Name]	[Insert Number]	[Insert Date]	[Insert Amount]

Please provide the following information regarding these accounts:

- Confirmation that the accounts were closed on the dates specified.
- Confirmation that there were no remaining balances or outstanding obligations at the time of closure.
- Details of any underlying guarantees or collateral related to these accounts.

Please mail the completed confirmation directly to:

[Auditor Name]

[Auditor Address]

[Auditor Email]

Sincerely,

[Authorized Signature]

[Name and Title]

[Company Name]