

**Date:** [Insert Date]

[Financial Institution Name]

[Branch Address]

[City, State, Zip Code]

**RE: CLOSED ACCOUNT AUDIT CONFIRMATION**

Dear Bank Manager,

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

**Account Details:**

- **Account Name:** [Insert Account Name]
- **Account Number:** [Insert Account Number]
- **Account Type:** [e.g., Checking, Savings, Loan]
- **Date Closed:** [Insert Date of Closure]

Please confirm the following information directly to our auditors:

1. The date the account was officially closed.
2. The balance at the time of closure (if any).
3. The amount and destination of the final balance transfer.
4. Whether any outstanding liabilities or obligations related to this account remained at the time of closure.

Please mail the completed confirmation directly to:

[Auditor Name/Firm]

[Auditor Address]

[City, State, Zip Code]

[Auditor Email/Fax]

Authorized Signature(s):

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[Name and Title]

[Company Name]