

[Date]

[Financial Institution Name]

[Department Name]

[Street Address]

[City, State, Zip Code]

RE: AUDIT CONFIRMATION - CLOSED TRUST ACCOUNT

Dear Sir/Madam,

Our auditors, [Auditor Name], are currently conducting an audit of our records. Please confirm the details of the following trust account(s) that were closed during the period from [Start Date] to [End Date].

Account Details:

- **Account Name:** [Full Name of Trust]
- **Account Number:** [Account Number]
- **Date of Closure:** [Date]
- **Closing Balance:** [Amount]

Please provide the following information directly to our auditors:

1. Confirmation that the account was closed on the date specified above.
2. The exact balance at the time of closure and the disposition of the remaining funds (e.g., check issued, wire transfer).
3. Confirmation that no further liabilities or obligations exist regarding this account.

Please send your response directly to:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email/Fax]

Sincerely,

[Authorized Signature]

[Printed Name]

[Title/Trustee]