

Date: [Insert Date]

To:

[Bank or Financial Institution Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Audit Confirmation - Request for Verification of Closed Account

To Whom It May Concern,

In connection with an audit of our financial statements, please provide our auditors, [Auditor Name/Firm], with the information requested below regarding the following account(s):

- **Account Name:** [Insert Account Holder Name]
- **Account Number:** [Insert Account Number]
- **Account Type:** [e.g., Checking, Savings, Loan]

Our records indicate that the above-mentioned account was closed on [Insert Date of Closure] with a zero balance.

Please confirm the following details:

1. The date the account was officially closed.
2. That the account balance was zero at the time of closure.
3. That there are no outstanding liabilities, liens, or obligations associated with this account.

Please send your response directly to our auditors at the following address:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email/Phone]

Thank you for your prompt attention to this matter.

Sincerely,

[Authorized Signature]

[Printed Name]

[Title/Company Position]