

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

RE: Confirmation of Zero Balance - Concentration Account Number: [Account Number]

Dear [Bank Contact Person or Department],

This letter serves as a formal request to confirm the balance status of the above-referenced Concentration Account held at your institution under the name of [Company Name].

Please provide written certification that as of the close of business on [Date], the balance in this account was zero (\$0.00). Additionally, please confirm that all sub-accounts linked to this concentration account have been successfully swept and that no outstanding debits or credits remain pending.

This confirmation is required for our [Internal Audit / Year-End Accounting / Account Closure] records. Please send the signed confirmation to:

[Recipient Name/Department]

[Company Name]

[Email Address and/or Physical Address]

Should you have any questions regarding this request, please contact [Contact Name] at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Print Name]

[Title]

[Company Name]