

[Date]

[Customer/Vendor Name]

[Street Address]

[City, State, Zip Code]

Subject: Confirmation of Account Balance

Dear [Contact Person Name],

In connection with an audit of our financial statements, our external auditors, [Auditing Firm Name], are requesting confirmation of your account balance with [Company Name] as of [Audit Cut-off Date].

Our records indicate that there was **no balance (zero)** due to or from your organization as of the close of business on the date mentioned above.

Please review your records and indicate below whether this information is in agreement with your records. If there is a difference, please provide any information you may have that will assist the auditors in reconciling the difference.

Please sign and return this form directly to our auditors in the enclosed envelope or via email to [Auditor Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

To: [Auditing Firm Name]

() The balance shown above is correct and agrees with our records.

() The balance shown above is incorrect. Our records show a balance of [Amount] due. (Please attach details of the discrepancy).

Signature: _____

Title: _____

Date: _____