

Date: [Insert Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request - Zero Balance Account

Dear Bank Manager,

In connection with an audit of our financial statements, please confirm directly to our auditors the status of the following account(s) held in the name of [Company Name] as of the close of business on [Audit Date]:

Account Name	Account Number	Account Type
[Account Name]	[Account Number]	Zero Balance Account (ZBA)

Please confirm the following information:

- That the balance in the account(s) listed above was zero as of [Audit Date].
- Details of any outstanding loans, lines of credit, or liabilities associated with this account.
- The names of the authorized signatories for this account.
- Any restrictions or liens placed on the account.

Please mail the completed confirmation directly to our auditors:

[Auditor Name/Firm]

[Auditor Address]

[City, State, Zip Code]

Email: [Auditor Email Address]

Sincerely,

[Authorized Signature]

[Name and Title]

[Company Name]