

**Date:** [Current Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

**Subject: Audit Confirmation Request - Zero Balance Line of Credit**

To Whom It May Concern,

In connection with an audit of our financial statements, please confirm directly to our auditors the details of our Line of Credit as of [**Audit Date**].

Our records indicate that the following Line of Credit had a zero balance on the date mentioned above:

- **Account Name:** [Company Name]
- **Account Number:** [Account Number]
- **Credit Limit:** [Amount]
- **Outstanding Balance:** \$0.00
- **Unused Available Credit:** [Amount]

Please confirm whether the above information is correct. If there are any exceptions, please provide details regarding outstanding balances, interest rates, or collateral held by your institution.

Please send your response directly to our auditors at:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email/Fax]

Sincerely,

[Authorized Signature]

[Printed Name]

[Title]

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**BANK CONFIRMATION:**

The above information is correct as of the date specified.

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_