[Your Company Name]
[Your Company Address]
[City, State, Zip Code]

[Date]

[Auditor Name/Audit Firm Name]
[Department, e.g., Audit & Assurance]
[Auditor Street Address]
[City, State, Zip Code]

Re: Audit Confirmation Request for [Company Name] for the Period Ending [Fiscal Year End Date]

Dear [Auditor Name or Engagement Partner],

In connection with the audit of our financial statements, please provide the necessary confirmation forms to the following parties regarding our account balances and legal matters as of [Date].

Please ensure all completed confirmations are mailed directly to your office at the address listed above to maintain independent audit standards.

Sincerely,

[Signature]

[Name of Authorized Signatory]
[Title, e.g., CFO or Controller]