

Date: [Insert Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Audit Confirmation of Retail Overdraft Facility

Dear [Customer Name],

In connection with the annual audit of our financial statements, our auditors, [Auditor Name], are performing a routine verification of our accounts. Please confirm the accuracy of the following information regarding your Retail Overdraft Facility as of [Audit Cut-off Date]:

- **Account Number:** [Insert Account Number]
- **Facility Limit:** [Insert Amount]
- **Outstanding Balance:** [Insert Amount] (Debit/Credit)
- **Current Interest Rate:** [Insert Percentage]%
- **Expiry/Review Date:** [Insert Date]

Instructions:

If the information above is **correct**, please sign in the space provided below and return this letter directly to our auditors in the enclosed envelope.

If the information above is **incorrect**, please provide details of the differences and any supporting documentation to our auditors.

This request is for audit purposes only and is not a demand for payment.

Sincerely,

[Bank Representative Name]
[Title]
[Bank Name]

Customer Confirmation:

I/We confirm that the details of the Overdraft Facility stated above are correct.

Signature: _____

Date: _____