

[Company Letterhead]

[Date]

[Name of Administrative Agent Bank]

[Department Name]

[Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request - Syndicated Overdraft Facility

Dear Sir/Madam,

In connection with the audit of our financial statements as of [Audit Date], please provide directly to our auditors, [Name of Audit Firm], at [Auditor Email/Address], the following information regarding our Syndicated Overdraft Facility under the Credit Agreement dated [Agreement Date]:

1. **Outstanding Balance:** The total principal amount outstanding under the overdraft facility as of the close of business on [Audit Date].
2. **Commitment Limit:** The total aggregate commitment amount available under the facility.
3. **Interest:** The applicable interest rate(s) in effect on the audit date and the amount of any accrued but unpaid interest.
4. **Syndicate Members:** A list of participating banks and their respective commitment percentages or participation amounts.
5. **Collateral:** A brief description of any assets held as security for the facility.
6. **Defaults/Covenants:** Statement as to whether the company was in compliance with all financial covenants or if any events of default were known to exist on the audit date.
7. **Unused Fees:** The amount of any accrued but unpaid commitment fees or facility fees.

Please also provide details of any other direct or contingent liabilities, guarantees, or derivative exposures related to this facility.

A self-addressed envelope is enclosed for your convenience [or provide digital submission instructions].

Yours faithfully,

[Signature]

[Name of Authorized Signatory]

[Title/Position]

[Company Name]