

[Company Letterhead / Bank Name]
[Address Line 1]
[Address Line 2]
[Date]

[Customer Name]
[Customer Address]
[Account Number]

Subject: Audit Confirmation of Temporary Overdraft Facility

Dear [Customer Name/Contact Person],

In connection with the annual audit of our financial records, our auditors, [Auditor Name], are seeking confirmation of the temporary overdraft facility details for the period ending [Audit Date].

According to our records, the details of your temporary overdraft facility are as follows:

- **Facility Limit:** [Amount and Currency]
- **Approval Date:** [Date]
- **Expiry Date:** [Date]
- **Current Outstanding Balance:** [Amount] as of [Audit Date]
- **Interest Rate:** [Percentage]% per annum
- **Security/Collateral:** [Details of Security or 'Unsecured']

Please compare the above information with your records. If the information is correct, please sign the confirmation below and return it directly to our auditors at [Auditor Email/Address].

If the information does not agree with your records, please provide details of any differences.

Sincerely,

[Name of Bank Official]
[Title]
[Bank Name]

Confirmation:

I/We confirm that the temporary overdraft facility details listed above are correct as of [Audit Date].

Signed: _____
Name: [Print Name]

Title: [Job Title]

Date: [Date Signed]