

Date: [Insert Date]

To:

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request - Zero Balance Overdraft Facility

Dear Sir/Madam,

In connection with the audit of our financial statements as of [Insert Audit Date], please confirm the details of our Zero Balance Overdraft Facility with your institution for the following account(s):

Account Name	Account Number	Facility Limit
[Insert Account Name]	[Insert Account Number]	[Insert Amount/Zero]

Please provide the following information regarding the above-mentioned facility as of the close of business on [Insert Audit Date]:

- The outstanding balance (confirming it is zero, if applicable).
- The interest rate applicable to the facility.
- The expiry or renewal date of the facility.
- Details of any collateral or guarantees securing the facility.
- Details of any restrictive covenants or defaults.

Please send the confirmation directly to our auditors:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email Address]

A self-addressed envelope is enclosed for your convenience. Your prompt attention to this request is appreciated.

Sincerely,

[Authorized Signature]

[Name and Title]

[Company Name]