

[Company Letterhead]

[Date]

[Name of Recipient/Bank Manager]

[Name of Financial Institution]

[Branch Address]

[City, State, Zip Code]

Subject: Confirmation of Authorized Signatories

Dear [Name],

In connection with the annual audit of our financial statements, please provide our auditors, [Name of Audit Firm], with the following information regarding our accounts as of [Audit Cut-off Date].

Please confirm the names and specimen signatures of all individuals currently authorized to sign on the following accounts:

- Account Name: [Account Name]
- Account Number: [Account Number]
- Account Type: [e.g., Checking/Savings/Credit]

Additionally, please provide the following details:

1. The signing mandate or authority level for each individual (e.g., sole signatory, joint signatory).
2. Any limitations or monetary thresholds associated with each signatory.
3. A list of any signatories who were removed or added during the period from [Start Date] to [End Date].

Please send the requested information directly to our auditors at the following address:

[Auditor Name/Firm]

[Auditor Address]

[Auditor Email Address]

Thank you for your prompt attention to this matter.

Sincerely,

[Authorized Signature]

[Name of Authorized Officer]

[Title]