

[Date]

[Bank Name]

[Bank Branch Address]

[City, State, Zip Code]

Subject: Audit Confirmation Request

Dear Sir/Madam,

In connection with an audit of our financial statements, please provide directly to our auditors the information requested below regarding our accounts held at your institution as of the close of business on [Audit Cut-off Date].

Auditor Details:

[Audit Firm Name]

[Auditor Address]

[Auditor Email/Contact]

Please provide the following information:

- Current balance for all checking, savings, and money market accounts.
- Account names and account numbers.
- Details of any loans, lines of credit, or outstanding liabilities.
- Interest rates and maturity dates for the above accounts.
- Any restrictions on withdrawals or compensating balances.
- Details of any assets held as collateral.

Please mail the completed confirmation directly to our auditors at the address listed above. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,

[Authorized Signature]

[Name of Authorized Signatory]

[Title/Position]

[Company Name]

[Account Number(s)]