

Date: [Insert Date]

[Recipient Name/Financial Institution]

[Address Line 1]

[City, State, Zip Code]

Subject: Escrow Account Balance Audit Confirmation

To Whom It May Concern,

In connection with an audit of our financial statements, please provide directly to our auditors, [Name of Audit Firm], the following information regarding the escrow account(s) listed below as of the close of business on [Audit Date]:

- **Account Name:** [Insert Account Name]
- **Account Number:** [Insert Account Number]
- **Current Balance:** [Insert Balance]
- **Pending Transactions:** [List any outstanding deposits or withdrawals]
- **Interest Earned:** [Amount of interest credited for the period]

Please also confirm if there are any restrictions, liens, or encumbrances on these funds.

Kindly send the requested information to:

[Auditor Name]

[Audit Firm Name]

[Auditor Address]

[Auditor Email Address]

Your prompt attention to this request is appreciated.

Sincerely,

[Authorized Signature]

[Printed Name]

[Title/Company]