[Date]

[Recipient Name]
[Title]
[Institution Name]
[Address Line 1]
[Address Line 2]

RE: Notice of Audit Findings - Deposit Insurance Assessment Rate

Dear [Recipient Name],

This letter serves as formal notification regarding the results of the audit conducted on [Institution Name]'s deposit insurance assessment records for the period of [Start Date] to [End Date]. The objective of this audit was to verify the accuracy of the data reported on the Consolidated Reports of Condition and Income (Call Reports) used to determine your institution's assessment rate.

Audit Findings:

[Insert detailed description of findings, e.g., discrepancies in reported insured deposits, misclassification of risk categories, or calculation errors.]

Assessment Adjustment:

Based on these findings, your assessment rate has been adjusted from [Original Rate] to [Revised Rate]. As a result, the following financial adjustment is required:

- Additional Assessment Due: $[Amount]
- Overpayment Credit: $[Amount]

Required Action:

Please review the attached detailed report. If you agree with these findings, [Instruction for payment or credit application]. If you wish to appeal these findings, you must submit a written request for review within [Number] business days from the date of this letter.

Should you have any questions regarding this audit or the adjustment process, please contact [Name/Department] at [Phone Number] or [Email Address].

Sincerely,

[Authorized Signature]
[Name]
[Title]
[Regulatory Body/Organization Name]

Enclosure: [Detailed Audit Report]