

Detailed Balance Confirmation

Date: _____
Client Name: _____
Account Number: _____
Period Ending: _____

Balance Details

Reference	Description	Debit (Amount)	Credit (Amount)	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total		_____	_____	_____

Confirmed Balance as of above date: _____

I/We hereby confirm that the above-listed balances reflect the correct position of our account as at the date specified above.

Authorized Signatory

Date

Important Notes:

- This document is used to confirm account balances for reconciliation and audit purposes.
- Ensure all balances and transaction details are accurate before signing.
- Contact your account manager immediately if you identify discrepancies.
- This confirmation does not substitute for legal or contractual agreements.
- Retain a copy for your records.