

ABC Auditing Firm

123 Business Rd.
City, State ZIP Code
Tel: (123) 456-7890
Email: info@abcaudit.com

XYZ Bank

Attn: Account Services
456 Main St.
City, State ZIP Code

Date: June 20, 2024

Subject: Third-Party Balance Verification Request

Dear Sir or Madam,

We are conducting an audit of the financial statements of **Client Co.** as of and for the year ended December 31, 2023. As part of our audit procedures, we kindly request your assistance in verifying the outstanding balance held at your institution on behalf of our client.

Client Name: Client Co.

Account Number: 789012345

Type of Account: Checking

Date to Confirm Balance: December 31, 2023

Please confirm the following details as of the above-mentioned date:

- Account balance
- Any pledged, blocked, or held amounts
- Maturity date (if applicable)
- Other relevant information

Kindly provide your written confirmation directly to us at the address listed above or via our secured email.

If you require any additional information, please do not hesitate to contact us.

Thank you for your prompt cooperation.

Sincerely,

Jane Doe

Audit Manager
ABC Auditing Firm

Important Notes:

- This request is part of standard audit procedures to ensure information accuracy.
- The balance confirmation should be sent directly to the auditor for integrity.
- Discrepancies or additional remarks should be clearly indicated in your response.
- Confidentiality of client information must be maintained at all times.