

# STANDARD FORM TO CONFIRM ACCOUNT BALANCE INFORMATION WITH FINANCIAL INSTITUTIONS

**ORIGINAL**  
 To be mailed to accountant

\_\_\_\_\_

CUSTOMER NAME

Financial Institution's Name and Address [ ]

[ ]

We have provided to our accountants the following information as of the close of business on \_\_\_\_\_, regarding our deposit and loan balances. Please confirm the accuracy of the information, noting any exceptions to the information provided. If the balances have been left blank, please complete this form by furnishing the balance in the appropriate space below.\* Although we do not request nor expect you to conduct a comprehensive, detailed search of your records, if during the process of completing this confirmation additional information about other deposit and loan accounts we may have with you comes to your attention, please include such information below. Please use the enclosed envelope to return the form directly to our accountants.

1 At the close of business on the date listed above, our records indicated the following deposit balance(s)

| ACCOUNT NAME | ACCOUNT NO. | INTEREST RATE | BALANCE* |
|--------------|-------------|---------------|----------|
|              |             |               |          |

2 We were directly liable to the financial institution for loans at the close of business on the date listed above as follows

| ACCOUNT NO / DESCRIPTION | BALANCE* | DATE DUE | INTEREST RATE | DATE THROUGH WHICH INTEREST IS PAID | DESCRIPTION OF COLLATERAL |
|--------------------------|----------|----------|---------------|-------------------------------------|---------------------------|
|                          |          |          |               |                                     |                           |

\_\_\_\_\_  
(Customer's Authorized Signature)

\_\_\_\_\_  
(Date)

The information presented above by the customer is in agreement with our records. Although we have not conducted a comprehensive, detailed search of our records, no other deposit or loan accounts have come to our attention except as noted below.

\_\_\_\_\_  
(Financial Institution Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

| EXCEPTIONS AND/OR COMMENTS |
|----------------------------|
|                            |

Please return this form directly to our accountants

[ Breard & Associates Inc. ]  
 Certified Public Accountants  
 9221 Corbin Avenue, Suite 170  
 Northridge, CA 91324  
 [ ]

\* Ordinarily, balances are intentionally left blank if they are not available at the time the form is prepared