**SAMPLE ONLY - THIS DOCUMENT SHOULD BE PREPARED ON LETTERHEAD**

**Financial Institution's Name and Address:**

**First American Funds**  
Attn: Document Distribution

615 E. Michigan St.  
Milwaukee, WI 53202-5207

**Client’s Name and Address:**

We have provided to our accountants the following information as of the close of business on   
**(Date)**, regarding our deposits. 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 accounts we may have with you comes to your attention, please include such information below. Please use the enclosed envelope to return the original directly to our accountants, **(Name of Accountant)**.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Account  Number** | **Investment  Type** | **Credit Rating  & Agency** | **Maturity  Date** | **Amount**  **Collateralized** | **Interest  Rate** | **Balance\*** |
|  |  |  |  |  |  |  |

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Client’s Authorized Signature Title Date

The information presented above by the customer agrees with our records.

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Financial Institution’s Authorized Signature Title Date

**Additional Information**

Please return this form directly to:  
Attn:

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