

# Audit Confirmation Request Form

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## \*Required Fields

### Section 1: Service Description

This form can be used by Audit Firms and/or Financial Institutions to submit audit confirmation requests to the Federal Reserve Banks to confirm information relating to an Institution's account held by and maintained on the books of any Federal Reserve Bank. The information available for confirmation is listed below by business line. All responses to this request will be sent to the requesting auditor listed in Section 2, if available, otherwise it will be sent to the institution contact. For a quicker response, please submit external auditor requests for Federal Reserve Account balances, Capital Stock, Treasury Services, Discount Window Loan and Collateral, and Fedwire Securities account holdings through Confirmation.com. For your audit firm to utilize Confirmation.com, please complete the [Authorization to Release Information to Accounting Firms \(Information Release Form\)](#). Please note, the Federal Reserve Banks of Dallas, New York, Richmond, and St. Louis do not accept requests for Discount Window Loan or Collateral information through Confirmation.com.

For assistance completing this form, please contact [Accounting Services Customer Support](#) located at [frbervices.org](http://frbervices.org) under the contact us section.

Send completed forms to:

National Accounting Customer Support

Email: [SYS.NACS.FMG.AUDIT.CONFIRMATIONS@MPLS.FRB.ORG](mailto:SYS.NACS.FMG.AUDIT.CONFIRMATIONS@MPLS.FRB.ORG)

### Section 2: Customer and Auditor Information

<b>Institution Name*</b>			
<b>Identification Number (RTN/CIN)*</b>			
<b>Institution Contact Name*</b>	<i>First</i>	<i>Last</i>	
<b>Institution Contact Phone Number*</b>	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
<b>Institution Contact Email Address*</b>			
<b>Auditing Firm Name*</b>			
<b>Requesting Auditor Name*</b>	<i>First</i>	<i>Last</i>	
<b>Requesting Auditor Phone Number*</b>	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
<b>Requesting Auditor Email Address*</b>			

**Section 3: Service Specific Information / Customer Specific Requests****Audit Confirmation "As of date"\***

Please allow 7-10 business from date of receipt for processing of this form.

\*(Please check all that apply to this request)

Accounting	
<input type="checkbox"/> Account Balance and/or Capital Stock (Member Banks Only)	Amount \$
	Capital Shares
	Capital Shares Amount \$

Wholesale Operations	
<input type="checkbox"/> All Holdings	Specific Accounts
Treasury Services	
<input type="checkbox"/> 202/225 Collateral Specific Accounts for 20/225:	Amount \$
<input type="checkbox"/> TT&L	Amount \$

Discount Window/Payment Systems Risk (PSR)			
<input type="checkbox"/> Loan Balance	Amount \$		
<input type="checkbox"/> Collateral Pledged for Loans	Amount \$		
<b>Authorized Signer Printed Name and Title</b>	<i>First</i>	<i>Last</i>	<i>Title</i>
<b>Authorized Signature at Institution (per Operating Circular 10)</b>			

Other, please describe:

**Section 4: Authorized Approval**

The signer of the form must appear on your institutions Official Authorization List

<b>Authorized Signer Name</b>	<i>First</i>	<i>MI</i>	<i>Last</i>
<b>Authorized Signer Email Address</b>			
<b>Authorized Signer Phone Number</b>	<i>Country Code</i>	<i>Phone</i>	<i>Extension</i>
<b>Authorized Signature</b>			

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