



# Federal Reserve Bank Audit Confirmation Request Form

[FRBservices.org](http://FRBservices.org)

**Required Fields\***

Current Date*	Audit Confirmation "As of date"*
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## Financial Institution Information\*

Institution Name	
ABA/RTN	
Contact Phone Number	
Contact email	
<b>Authorized Signer Printed Name and Title</b>	
<b>Authorized Signature at Financial Institution (per Official Authorization List)</b>	

## Audit Firm Information\*

Company Name	
Auditor Name	
Contact Phone Number	
Contact email	

Please allow 7 – 10 business days from date of receipt for processing of this form or for faster results use confirmation.com. All customers, with the exception of those in the Cleveland district, please email the completed form to [sys.nacs.fmg.audit.confirmations@mpls.frb.org](mailto:sys.nacs.fmg.audit.confirmations@mpls.frb.org). Cleveland district customers can send their requests to:  
-Cleveland Audit Confirmations fax to: (216) 579-2348 or mail to PO Box 6387 Cleveland, OH 44101.

All responses will be sent to the auditor listed above via e-mail.

## Confirmation Data Request\* (Please Check all that apply to this request)

Accounting	
<input type="checkbox"/> Account Balance	Amount \$
<input type="checkbox"/> Capital Stock (Member Banks Only)	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 202/225:	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>	
<b>Authorized Signature at Financial Institution (per Operating Circular 10)</b>	

Other, please describe:	
<input type="checkbox"/>	