

PROOF OF FUNDS LETTER

ISSUING INSTITUTION INFORMATION

Bank/Institution Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Date: _____ day of _____, 20____

RECIPIENT INFORMATION

Recipient Name/Organization: _____

Address: _____

City, State, ZIP: _____

RE: PROOF OF FUNDS VERIFICATION

ACCOUNT HOLDER INFORMATION

Client Name: _____

Current Address: _____

City, State, ZIP: _____

To Whom It May Concern,

This letter serves to confirm that the individual named above is a client of [**Issuing Institution Name:** _____]. We verify that the client has sufficient funds on deposit with our institution to meet the financial requirements for the transaction in

question.

As of the date of this letter, the client maintains the following account(s) with a total aggregate balance as detailed below:

Account Type	Account Number (Last 4 Digits)	Current Balance	Status
_____	XXXX- _____	\$ _____	_____
_____	XXXX- _____	\$ _____	_____
_____	XXXX- _____	\$ _____	_____

TOTAL FUNDS AVAILABLE: \$ _____

CONFIRMATION OF AVAILABILITY

We confirm that the funds listed above are:

- Currently on deposit
- Free of any encumbrances, holds, or liens
- Available for immediate withdrawal or liquidation

ADDITIONAL COMMENTS

This information is provided strictly at the request of our client. This verification is valid as of the date written above.

Sincerely,

AUTHORIZED BANK OFFICER / ACCOUNTANT

Signature: _____

Print Name: _____

Title: _____

Direct Phone: _____

Direct Email: _____