

ZERO BALANCE LETTER

To Whom It May Concern:

This letter serves as formal confirmation that all financial obligations, balances, and liabilities owed by the undersigned to the institution named below have been fully satisfied and that the account associated with the undersigned currently holds a zero balance.

Account Information:

Account Holder Name: _____

Account Number: _____

Institution Name: _____

Institution Address: _____

Confirmation:

The undersigned affirms that no outstanding debts, fees, charges, or payments are due on the above account and that the account is considered closed or fully settled as of the date of this letter. Any future charges, fees, or balances are outside the scope of this confirmation.

Representations and Warranties:

This letter is issued without any admission of liability or fault, and the undersigned represents that the information contained herein is true, accurate, and complete to the best of their knowledge. This letter shall not be construed as a waiver or release of any rights except to the extent expressly stated herein.

Limitation of Liability:

The institution issuing this letter disclaims any liability for any errors, omissions, or damages resulting from reliance on this letter, and it is intended solely for the use of the addressee. Any other use is unauthorized and disclaimed.

Governing Law and Jurisdiction:

This letter shall be governed by and construed in accordance with the laws of the United States of America and the applicable state law governing the institution's operations. Any disputes arising from this letter shall be subject to the exclusive jurisdiction of the courts located in the relevant state and federal jurisdictions.

Contact Information:

Authorized Representative Name: _____

Title/Position: _____

Telephone: _____

Email: _____

Signature and Certification:

By signing below, the authorized representative certifies that they have authority to issue this letter on behalf of the institution and that the contents herein are true and accurate.

Authorized Signature

Institution Seal / Stamp

Date: _____

Print Name and Title

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