[COMPANY NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

[DATE]

**Subject: Request for Confirmation of Outstanding Balance**

Dear [Recipient’s Name],

We are writing to request confirmation of the outstanding balance on your account as of [DATE], to ensure our records align accurately.

**Outstanding Balance Details**

* **Invoice Number(s)**: [*Invoice Number(s)*]
* **Total Amount Due**: [AMOUNT]
* **Original Due Date(s)**: [DUE DATE(S)]

If the details above are correct, we kindly ask you to confirm by [DATE]. If there are any discrepancies, please provide clarification and supporting documentation so we can address them promptly.

For your convenience, payments can be made using the following details:

* **Payment Method**: [*e.g., Bank Transfer, Credit Card*]
* **Account Details**: [*Account Number, Sort Code, etc.*]
* **Reference**: [*Invoice Number or Account Name*]

Please direct any responses or questions to [Name, Title], at [Email Address/Phone Number].

Thank you for your attention to this matter. We look forward to your confirmation.

Yours sincerely,

……………………………………………………….

[NAME]

[TITLE/POSITION]