

Local Spiritual Assembly Bank Balance Confirmation Form

The National Spiritual Assembly through its Office of the Treasurer offers a Bank Balance Confirmation Form for Local Spiritual Assemblies.

In our efforts to help the entire Local Spiritual Assembly to take collective responsibility for the Local Fund, this form has been developed to ensure that every Assembly, through an officer other than its treasurer, is provided with the information concerning the monetary balances held by that Assembly at the end of each fiscal year. The form is to be prepared by the secretary of the Local Spiritual Assembly and the confirmation from the bank is to be returned directly to the Secretary and then shared with the entire Assembly.

Executing the provisions of this form does not replace the need for the required annual audit, but is an initial first step to independently inform the Assembly of its financial resources at the end of the fiscal year. The National Spiritual Assembly hopes that each Assembly will fully cooperate in this matter to help secure the safekeeping of the sacred funds of the Faith. Please see the form following.

**STANDARD FORM TO CONFIRM ACCOUNT
BALANCE INFORMATION WITH FINANCIAL INSTITUTIONS**

Local Spiritual Assembly of the Baha'is of _____

| | |
|------------------------------|--|
| (Type Bank Name and Address) | <p>We have provided to our Assembly the following information as of the close of business on April 30, 2022 regarding our deposit and loan balances. Please confirm the accuracy of the information, noting any exceptions to the information provided. If the balances have been left blank, please complete this form by furnishing the balance in the appropriate space below.* Although we do not request nor expect you to conduct a comprehensive, detailed search of your records, if during the process of completing this confirmation additional information about other deposit and loan accounts we may have with you comes to your attention, please include such information below. Please use the enclosed envelope to return the form directly to our Assembly.</p> |
|------------------------------|--|

1. At the close of business on the date listed above, our records indicated the following deposit balance(s):

| Account Name | Account No. | Interest Rate | Balance* |
|--------------|-------------|---------------|----------|
| | | | |

2. We were directly liable to the financial institution for loans at the close of business on the date listed above as follows:

| Account No./Description | Balance* | Date Due | Interest Rate | Date Through Which Interest Is Paid | Description of Collateral |
|-------------------------|----------|----------|---------------|-------------------------------------|---------------------------|
| | | | | | |

(Secretary or Customer's Authorized Signature) (Date)

The information presented above by the customer is in agreement with our records. Although we have not conducted a comprehensive, detailed search of our records, no other deposit or loan accounts have come to our attention except as noted below.

(Financial Institution Authorized Signature) (Date)
(Title)

| |
|----------------------------|
| Exceptions and/or Comments |
|----------------------------|

* Ordinarily, balances are intentionally left blank if they are not available at the time the form is prepared.

Please return this form directly to our Secretary:
(TYPE THE ADDRESS)