



Member driven.
Community focused.

Audit Confirmation Request

Member: _____ FHFA #: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Fax #: _____

Third-Party Depositor: _____

Member's Authorized Signature: _____

Print Name: _____ Date: _____

Information Requested:

As of Date:

- Advances
- Capital Stock
- Custodial Collateral
- Certificates of Deposit
- Demand Deposit Account Statement
- Securities Statement of Holdings
- Third-Party Pledge Confirmation
(see depositor information above)

Please send the requested information to:

Name: _____

Attn: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Fax #: _____

Please fax to: 214.441.8514 or email to: member.services@fhlb.com