

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

TO BE MAILED TO THE TEXAS DEPARTMENT OF INSURANCE,  
MAIL CODE 106-2T, PO BOX 149104, AUSTIN, TEXAS  
78714.

Financial institution's name and address:

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[CUSTOMER (TITLE INSURANCE AGENCY) NAME]  
We have provided to Texas Department of Insurance  
auditors the following information as of the close of  
business on \_\_\_\_\_  
(date)

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.

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

ACCOUNT NAME	ACCOUNT NUMBER	BALANCE	INTEREST RATE

\_\_\_\_\_  
(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 accounts have come to our attention except as noted below.

\_\_\_\_\_  
(FINANCIAL INSTITUTION AUTHORIZED SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(TITLE)

**EXCEPTIONS AND/OR COMMENTS**

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Please return this form directly to the Texas Department of Insurance. A metered, self-addressed envelope is provided for your convenience.

**TEXAS DEPARTMENT OF INSURANCE  
TITLE EXAMINATIONS MAIL CODE 106-2T  
PO Box 149104  
AUSTIN, TEXAS 78714**

TDI AUDIT # \_\_\_\_\_