[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

Custodian of Records
[Financial Institution Name]
[Department, e.g., Compliance/Legal]
[Address]
[City, State, Zip Code]

**RE: Letter of Representation and Request for Records**

**Account Holder:** [Client Full Name]
**Account Number(s):** [List Account Number(s)]
**Social Security Number/Tax ID:** [Last 4 Digits or Full Number]

To the Custodian of Records:

Please be advised that this office represents [Client Name] in connection with [Purpose of Representation, e.g., estate administration, litigation, or financial audit].

Attached to this letter, please find a signed Authorization for Release of Information executed by our client, granting this firm permission to access and receive all financial records associated with the above-referenced accounts.

We kindly request that you provide copies of the following records for the period of [Start Date] to [End Date]:

- Monthly bank statements;
- Canceled checks (front and back);
- Deposit slips and items;
- Wire transfer confirmations;
- Loan applications and agreements;
- [List any additional specific documents].

Please deliver the requested documents to our office via [Email/Mail/Secure Portal] at your earliest convenience. If there are any administrative fees associated with this request, please notify us immediately so that payment can be arranged.

Should you have any questions or require further documentation, please contact me directly at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]
[Title]

Enclosure: Signed Authorization for Release of Information