Proof of Funds Letter

**From:**

Name of Authorized Employee

**To:**

Bank Name

Address of Authorized Employee Bank Address

City, State, ZIP Code City, State, ZIP Code

Phone Number of Authorized Employee Bank Phone Number

Date

**To Whom It May Concern,**

# This letter is to certify that [Buyer Name] has available the sum of [Combined Funds] as of this date.

If you require further verification or have any questions, please contact us at [Phone Number] or [Email Address].

# Sincerely,

Name of Authorized Employee

Title of Authorized Employee

Signature of Authorized Employee

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