

CAPITOL REALTY
1712 W. Lindsey
Norman, OK 73069
Phn: 405-292-7653 Fax: 405-329-7653

Request for Audit of Account

Accounts with a balance in dispute that is over 90 days old must submit a written request for an Audit of Account

Account audits are performed free of charge. However, there are certain requirements that are necessary in order for our office to be able to assist you in completing the audit process.

The invoiced amounts, and the payments received, which are reflected on your statement is all that our records reflect. If there is an amount in dispute, or if you believe the funds were not timely posted or received, it will be necessary for you to provide documentation that will assist us with your account audit. Please provide:

1. A copy of the canceled check, (front and back) showing the payment to your account;
2. A copy of the electronic transaction reflecting the payment made;
3. A letter from your financial institution reflecting payment.

We cannot accept a copy of your check register or carbon check register copy as proof of payment.

If you believe there is an error in the application, posting, amounts posted, etc. Please provide:

1. A chronological accounting of payments, amounts paid, and balance forward as your records indicate.

If, upon completion of your audit of account, you still believe there is an error in the accounting, you may request a waiver of fees, or for your balance to be adjusted, by completing a Waiver of Fees Request form and submitting it to the Board of Directors for review.

We do not audit the following accounts:

1. Accounts in foreclosure;
2. Accounts in collections;
3. Accounts with a balance due over 12 months past due;
4. Accounts with more than 3 late fees in a calender year.

Accounts of this nature must be audited by a licensed accountant. Once you have completed your accounting process, feel free to provide our office a copy of any corrections noted to your account, and supporting documentation as listed above, and our office will be happy to review the account.

REQUEST FOR AUDIT OF ACCOUNT

Owner of Record: _____ Date of Request: _____

Unit: _____ Estimated Amount in Dispute: \$ _____

Description of Disputed Account Balance:

Canceled Check Copy of Electronic Payment

Letter from Financial Institution Chronological Accounting Provided

FOR OFFICE USE ONLY

Audit Findings:

Account Balance Revised – Statement Mailed

Audit Reflects no Change in Account Status

Insufficient Data to Complete Audit - _____

Previous Audit Performed on _____ - No Change in Data to Support Audit.

Performed by: _____

Date _____

REQUEST FOR AUDIT OF ACCOUNT

Owner of Record: _____ Date of Request: _____

Unit: _____ Estimated Amount in Dispute: \$ _____

Description of Disputed Account Balance:

- Canceled Check Copy of Electronic Payment
- Letter from Financial Institution Chronological Accounting Provided

FOR OFFICE USE ONLY

Audit Findings:

- Account Balance Revised – Statement Mailed
- Audit Reflects no Change in Account Status
- Insufficient Data to Complete Audit - _____
- Previous Audit Performed on _____ - No Change in Data to Support Audit.

Performed by: _____

Date _____