# **Audit Confidentiality Agreement**

Date:

**Confidentiality Agreement** 

Between:

Non-Profit Organization Name	
Address:	
City, State, Zip:	

And:

Auditor Name	
Address:	
City, State, Zip:	

#### 1. Purpose

This Agreement is intended to protect the confidentiality of the information that will be disclosed during the audit process.

### 2. Definition of Confidential Information

Confidential Information includes all written, electronic, or oral information disclosed or made available during the audit.

#### **3.** Obligations of the Parties

The Auditor agrees to:

- Keep all Confidential Information in strict confidence.
- Not disclose any Confidential Information to any third party without written consent.
- Only use Confidential Information for the purpose of conducting the audit.

#### 4. Term

This agreement shall commence on the date above and shall continue for a period of five (5) years.

## 5. Governing Law

This Agreement shall be governed by the laws of the State of \_\_\_\_\_\_.

#### 6. Signatures

By signing below, the parties acknowledge and agree to the terms of this Audit Confidentiality Agreement.

Signature (Non-Profit Organization)

Printed Name Title

Signature (Auditor)

Printed Name