

AGREEMENT – AUTHORITY – TO INVESTIGATE & RELEASE

I authorise Family Refunds to investigate/recover Unclaimed Money/Assets in the name of,

[Name money is listed owing to]

[Amount if known, plus interest if applicable]

I authorise Family Refunds and its staff to undertake any necessary searches and procedures required for the investigation/recovery of unclaimed money. I declare that I will provide necessary authentic identification document(s) to Family Refunds.

I request to pay Family Refunds from my unclaimed money claim. I understand I will receive the balance deposited electronically into my bank account (or via Cheque). I accept that I am responsible for providing correct information and that incorrect information may cause delays in receiving my unclaimed money.

I acknowledge that:

I have read Family Refunds Terms & Conditions and agree to them.

Enter Details Below:

Phone Home		Business Name	
Phone Work		Address	
Mobile		City	
Position		State	
Post Code		Email	

Once completed, simply email this form back to us via admin@familyrefunds.com.au

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YY