



MY REFUND SPECIALIST

Lost Asset Recovery Services

AUTHORITY TO RELEASE

I _____ of _____ authorise
My Refund Specialist to recover the sum (\$ _____) to be released
by cheque in the name of _____

I authorise **My Refund Specialist** and its staff to undertake any necessary searches & procedures required for the recovery of the above funds.


I declare that authentic identification documents (s) have been provided to **My Refund Specialist** and I have read **My Refund Specialist** Terms & Conditions and agree to them.

Name (Please Print): _____

Signature: _____

Date: / /

ABN: 52969768801

 0468 473 363

 info@myrefundspecialist.com.au

 PO BOX 1416 Bundaberg QLD 4670