



# Refund Realisation Services

Realising your unclaimed refund ... and saving you the hassle!

## AGREEMENT / AUTHORITY – To Act, Investigate & Release

Client Reference:

I Authorise **Refund Realisation Services**. to investigate/recover Unclaimed Money/Assets in the name of,

[ACCOUNT OWNER]

[Amount if known, plus interest if applicable]

I hereby authorise **Refund Realisation Services**. and its authorised representatives to perform the services as outlined in the terms and conditions provided to me or made available at [refundrealisations.com.au](http://refundrealisations.com.au) (the *Terms*). This authority includes, but is not limited to, the undertaking of any necessary inquiries, investigations, and procedures for the purpose of identifying and recovering unclaimed monies to which I may be lawfully entitled.

I further declare that I will furnish valid and legally recognised identification documents as may be required by **Refund Realisation Services**. to facilitate the verification process.

I acknowledge that I am solely responsible for the accuracy of all information provided and that any errors or omissions may result in delays or failure in the recovery of said funds.

I undertake to ensure that **Refund Realisation Services**. service fee is paid in full within seven (7) days of receipt.- I understand that **Refund Realisation Services**. charges a fee of 10% (individuals) or 15% (businesses) of recovered funds, payable upon invoice on receipt of cheque or EFT.

- No fees are payable if funds are not successfully recovered.
- I acknowledge that I remain the rightful owner of any funds recovered.
- I confirm that I have read and understood **Refund Realisation Services**. full terms and conditions.

I acknowledge that by signing below or instructing us to proceed with the services: a. I have read and agree to the Terms; and b. I am the authorised signatory to the nominated account set below.

Account Owner Name(s):

Company Name:

Position:

Address:

Phone Work:  Phone Home:  Mobile:

Email:  DOB:

Date:  Preferred Method of Contact:  Email  Phone  Mail

Signature/s:  Signature/s:

**Payment details:** Please nominate how you would like your payment issued, tick and fill in **one option only**.

Cheque

Direct Deposit   
(Provide details below)

Account Name: (e.g. John & Jan Citizen)

Name of financial institution:  Branch:

BSB number: (must have 6 numbers)    -

Account number: (maximum of 9 numbers)    -    -