



Client Reference No:

AUTHORITY - AGREEMENT - To Investigate & Release

I Authorise ULTIMATE REFUNDS PTY LTD to investigate/recover Unclaimed Money/Assets in the name of,

<input type="text"/>	\$ <input type="text"/>
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[Name money is listed owing to]

[Amount if known, plus interest if applicable]

I authorise ULTIMATE REFUNDS PTY LTD 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 ULTIMATE REFUNDS PTY LTD

I request to pay ULTIMATE REFUNDS PTY LTD from my unclaimed money claim. I understand I will receive the balance deposited electronically to the stated account below (or Cheque). I accept that I am responsible for providing correct information and that incorrect information may cause delays in receiving my unclaimed money.

I authorise you to direct the unclaimed money to be deposited into the relevant nominated bank account managed by ULTIMATE REFUNDS PTY LTD (ABN: 31653877751) and to deduct fees as per ULTIMATE REFUNDS PTY LTD. The balance remaining after deduction of the fees is to be repaid to my nominated bank account below or cheque sent to my address.

I acknowledge that:

- A. I have read ULTIMATE REFUNDS PTY LTD Terms & Conditions and agree to them.
- B. I am the authorised signatory to the nominated account set out below.

Claimant Full Name/s	<input type="text"/>					
Company name:	<input type="text"/>					
Position:	<input type="text"/>					
Address:	<input type="text"/>					
Email:	<input type="text"/>			DOB:	<input type="text"/>	
Work #:	<input type="text"/>	Work #:	<input type="text"/>	Work #:	<input type="text"/>	
Date:	<input type="text"/>	Preferred method of Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail			

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Is this claim in respect of a Deceased Estate?

Deceased Estate Name:	<input type="text"/>	Relationship:	<input type="text"/>
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Are you the Executor or entitled claimant?	<input type="radio"/> YES <input type="radio"/> NO
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Payment details: Please nominate how you would like your payment issued, tick and fill in one option only.

<input type="radio"/> Cheque	<input type="radio"/> Direct Deposit AUS	<input type="radio"/> Direct Deposit INT	
<small>(Provide details below)</small>		<small>(Separate form to be filled in for International clients)</small>	
Account Name:			
Name of financial institution:		Branch:	
BSB number: <small>(must have 6 numbers)</small>			
Account number: <small>(maximum of 9 numbers)</small>			

OFFICE ONLY – ULTIMATE REFUNDS PTY LTD

Ultimate Refunds processing fee:

Individuals/ Companies/Trusts/Estates/ International Claims up to \$15,000 a fee of 15% will apply.

More than \$15,000 a fee of 20% will apply.

Before accepting, please confirm:

- Client has Accepted Conditions
- The Authority has been printed
- The Authority has been signed by the client

Send By: Email: admin@ultimaterefunds.com.au Mail: P.O. Box 532 Narangba, Brisbane QLD 4504

ULTIMATE REFUNDS PTY LTD ACN: 653877751 ABN: 31653877751