

## AGREEMENT – AUTHORITY – To Investigate & Release

I authorise **Reunite Refunds** to act/ investigate and refund any unclaimed & underfunded monies or assets in the name of

(Name asset is listed owing to)

(Amount if known)

I \_\_\_\_\_ of \_\_\_\_\_

declare that I knowingly and willingly appoint authority to **Reunite Refunds** and its staff to act & investigate on my behalf to refund/retrieve any and all lost/forgotten/ or unclaimed assets/funds which could be in the form of shares, dividends, money, bank accounts, trust funds, over payments, unrepresented cheques, insurance, superannuation, property, deceased estates etc being held in any government departments/agencies or private organisations.

I hereby authorize **Reunite Refunds** and it's staff to undertake any necessary searches and procedures required for the investigation/refund of any unclaimed/ lost/ forgotten or unknown funds/assets.

I declare that I will provide any and all necessary authentic identification documents in the form of certified copies to **Reunite Refunds** to prove I am the legal and rightful owner of the asset/funds. I acknowledge failure to provide the required certified documents may cause delays in the retrieval process.

I have been informed by **Reunite Refunds** that some funds may be entitled to interest which if applicable will be paid when the claim is processed.

I am aware commission is only payable upon successful claim and retained by **Reunite Refunds** from my recovered funds. I am aware that I will receive the balance deposited electronically to my bank account below. I accept that I am responsible for ensuring that I provide correct account information for the balance to be deposited into my chosen account and incorrect information may lead to delays in receiving my balance.

I am aware and I authorise Fee From Refund Pty Ltd, ABN 99156638890 to deposit my funds into the relevant bank account and deduct fees as per the calculation below. The balance remaining after deduction of the listed fees is to be repaid into my nominated bank account as supplied to **Reunite Refunds**. I accept that I am responsible for providing correct information to **Reunite Refunds**.

Total Refundable Amount	\$
Recovery fee of 17% of Total Refundable amount	\$
Fee From Refund admin processing fee	\$
Balance after deduction of fees to Client	\$ <input type="text"/>

I acknowledge that:

- I have read and agree to **Reunite Refunds** Terms and Conditions.
- I understand by authorising **Reunite Refunds** to act on my behalf I am agreeing to pay **Reunite Refunds** charges a 17% commission (only upon successful claim).
- I am the authorised signatory to the account set out below.

Claimant Full Name:

\_\_\_\_\_

Company Name:

\_\_\_\_\_

Position:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Work: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle preferred method of contact: Email Mail Phone

Signature/s: \_\_\_\_\_ Signature/s: \_\_\_\_\_



# Reunite Refunds

We Find, We Verify, We Reunite

**Is this claim in respect of a Deceased Estate?**

Deceased Estate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you the Executor or entitled claimant? YES NO UNSURE

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

**Direct Deposit- Australia**

(Provide details below)

**Direct Deposit- International**

(Separate form to be filled in for International clients)

Name of Bank/financial institution:									
Account Name:									
BSB number: (Must have 6 numbers)									
Account number: (Maximum of 9 numbers)									

**OFFICE USE ONLY**

Before accepting please confirm:

Client has Accepted Terms and Conditions: YES NO

Signed copy of Agreement- Authority received: YES NO

The Authority has been printed: YES NO