your refund detective
the hunt for your refund starts here

Client Reference:

AGREEMENT / AUTHORITY – To Act, Investigate & Release

I Authorise Your Refund Detective (ABN 59 290 792 202) to investigate/recover Unclaimed Money/Assets in the name of,

	$
[ACCOUNT OWNER]	[Amount if known,plus interest if applicable]

I hereby authorise ***Your Refund Detective*** and its authorised representatives to perform the services as outlined in the terms and conditions provided to me or made available at [www.refunddetective.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 ***Your Refund Detective*** 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 authorise the disbursement of any recovered funds to be made initially to Fee From Refund (ABN 99 156 638 890). Upon receipt, Fee from Refund is authorised to deduct a service fee of 15% of the recovered amount (plus GST, where applicable), payable to Your Refund Detective, with the remaining balance to be remitted to my nominated bank account provided below.

In the event that the relevant holding authority disburses the recovered funds directly to me or my authorised agent, I undertake to ensure that *Your Refund Detective's* service fee is paid in full within seven (7) days of receipt.

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) ☐☐☐ – ☐☐☐ – ☐☐☐

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