

AUTHORITY TO RELEASE

Heather Sharman

Managing Director
Money Returns
Post Office
KELLERBERRIN WA 6410
Australia

I, _____

Of, _____

Authorise *Money Returns* to recover the sum of \$ _____

to be released by cheque / EFT in the name of _____

I authorise *Money Returns* and its staff to undertake any necessary searches and procedures for the recovery of the above funds.

I declare that authentic identification document (s) have been provided to *Money Returns* and I have read the Terms & Conditions of *Money Returns* and agree to these.

Print Full Name (s) _____

Signature _____

Date _____

