



Letter of Authority to Act, Investigate and Release

By signing this document, I/We,

_____ hereby authorize

Robin Hood Refunds (ABN: 66 598 020 573) and its employees, contractors, or agents to:

- Investigate and recover unclaimed money/assets in my/our name. This includes the recovery of any money in my/our name that remains unclaimed which includes any interest earned on these funds.
- Undertake all necessary searches and procedures required for the investigation and recovery of my/our funds.
- Obtain and provide any necessary information for a thorough investigation and settlement of my/our claims.
- Seek and share information about my/our accounts as required for claim processing.
- Request information from third parties necessary to investigate and settle any potential claims.

I/We consent to Robin Hood Refunds receiving the refunded funds via Electronic Funds Transfer (EFT) or cheque. Recovered funds will be deposited into Robin Hood Refunds' designated account for processing. After deduction of Robin Hood Refunds' agreed service fee of ____% of the total sum recovered (inclusive of GST if applicable), the net balance will be transferred to my/our nominated bank account as specified below. If the holding authority pays the refund directly to me/us or my/our agent, I/We agree to pay Robin Hood Refunds the agreed service fee within seven (7) days of receiving the funds.

Client Responsibilities

By authorizing Robin Hood Refunds to act on my/our behalf, I/We agree to:

1. Provide accurate and authentic identification documents and any additional information required to complete the recovery process.
2. Accept responsibility for any delays or issues arising from incorrect or incomplete information provided by me/us.
3. Comply with any reasonable requests for information to support the recovery process.

This authorization is irrevocable and shall remain in effect unless revoked in writing by me/us.

Declaration

I/We declare that:

- a. I/We have read, understood, and agreed to the **Terms and Conditions** of Robin Hood Refunds, at robinhoodrefunds.com.au/terms-and-conditions.
- b. I/We am/are the authorized signatory/signatories of the nominated account specified above.

Client Information

Full Name: _____

Previous Names (if any): _____

Date of Birth: _____

Business / Company Name (if applicable): _____

Position in Business / Company (if applicable) : _____

Current Address: _____

Phone Number: _____

Email Address: _____

Preferred contact method: _____

Please nominate how you would like your payment sent

☐ Cheque

☐ Bank deposit

Account owner: _____

Financial Institution: _____

BSB (6 digits): _____

Account Number: _____

Signature: _____

Date: _____