



AUTHORITY TO RELEASE

I.....of..... authorise
Success Refund Services to recover the sum (\$.....) to be released by cheque
in the name of

I am aware I may be entitled to interest which if applicable will be paid at the time of processing
the claim by the holding authority.

I authorise Success Refund Services and its staff to undertake any necessary searches &
procedures required for the recovery of the above funds. I declare that authentic identification
document (s) have been provided to Success Refund Services and that I have read Success
Refund Services Terms & Conditions and agree to them.

Name (Please Print): Signature:.....

Date:.....

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