Wholly Trinity Refunds

SEEK, FIND, AND RESTORE.

AGREEMENT / AUTHORITY – To Act, Investigate & Release

Client Reference:

I Authorise **Wholly Trinity Refunds** to investigate/recover Unclaimed Money/Assets in the name of,

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

I hereby authorise **Wholly Trinity Refunds** and its authorised representatives to perform the services as outlined in the terms and conditions provided to me or made available at **whollytrinityrefunds.com** (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 **Wholly Trinity Refunds** 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 undertake to ensure that **Wholly Trinity Refunds** service fee is paid in full within seven (7) days of receipt. I understand that **Wholly Trinity Refunds** charges a fee of 20% (individuals) or 20% (businesses) of recovered funds, payable upon invoice on receipt of cheque or EFT.

- No fees are payable if funds are not successfully recovered.
- I acknowledge that I remain the rightful owner of any funds recovered.
- I confirm that I have read and understood **Wholly Trinity Refunds** full terms and conditions.

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) ☐☐☐ – ☐☐☐ – ☐☐☐