







 www.LostMoneyTrackers.com.au

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 (03) 5909 - 9747

 Info@LostMoneyTrackers.com.au

Client Reference Number: _____

AGREEMENT – AUTHORITY - To Act, Investigate & Release of Funds

I _____ of _____ Authorize **Lost Money Trackers** to Recover the sum of _____ Thousand, _____ Hundred and _____ Cents (\$_____, _____, _____).

I Authorize **Lost Money Trackers** and its staff to undertake any necessary searches & procedures required for the complete recovery of the lost & unclaimed funds mentioned above. I affirm that I will provide authentic identification documents, as well as any other types of relevant factual documents to **Lost Money Trackers** as requested for the successful lodgment of claim. I am mindful that providing incorrect information will cause delays in receiving the unclaimed money.

I am aware that by authorizing **Lost Money Trackers** to act on my behalf to recover the lost funds, a recovery fee of 15% of the total amount of money recovered is payable to **Lost Money Trackers** upon retrieval of funds, and that such fee will be deducted from the unclaimed money itself, subsequent to the completion of claim by assenting to having the funds deposited into **Lost Money Trackers** Business Account, for the purpose of deducting the recovery fee. I understand that **Lost Money Trackers** will immediately proceed to disburse the remaining balance directly into my nominated bank account as per my instruction. In the event that the funds are released via check, an immediate recovery fee payment is due to **Lost Money Trackers**, which is to be paid within 7 days upon receipt of check.

* Please select your agreed method of payment below, by either ticking the checkbox or filling out accordingly.

☐ I Authorize for the funds to be forwarded to **Lost Money Trackers** Business Account, I am heedful that the recovery fee will be immediately deducted by **Lost Money Trackers** and that the remaining balance will be disbursed by **Lost Money Trackers** to my nominated bank account as mentioned above, Or

I Authorize for the funds to be released by cheque in the name of: _____ and forwarded to the following address: _____.

I will proceed to pay the recovery fee within 7 days upon receipt of check.

I Hereby acknowledge that by signing below & instructing **Lost Money Trackers** to proceed with the recovery service:

- A) I have read and agree with all of **Lost Money Trackers** Terms & Conditions; and
- B) I am the authorized signatory with respect to the nominated funds mentioned above.

Name: _____ Signature: _____

Position: _____ Date: _____