



iCare REFUND SERVICES

AUTHORITY TO RELEASE

Iof authorize iCare Refund Services Pty Ltd
to recover the sum ofDollars and Cents.. (\$.....).

We agree to receive our funds directly to our savings account or via cheque in the name of
..... as per our instructions on finalization of the claim/s.

I am aware that by authorizing **iCare Refund Services** to act on our behalf I agree to pay **iCare Refund Services** a 15% recovery fee on the total sum recovered upon retrieval regardless and is irrevocable.

I authorize **iCare 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) will be provided to **iCare Refund Services** as and when necessary to assist in making this claim.

I have read **iCare Refund Services** Terms and Conditions per the Website at
www.icarerefundservices.com and agreed to them.

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

Business Name: (if applicable).....

Position:.....

Date:.....2021.....

www.icarerefundservices.com

Email : info@icarerefundservices.com

Call : 0404 036 550

P O Box 220, Enfield, NSW 2136

ABN : 77 621 756 554