



Vision Refunds

FINANCIAL ASSET RETRIEVAL

AUTHORITY TO RELEASE

I _____ of _____ authorise
Vision Refunds to recover the sum (\$ _____) to be released by
cheque in the name of _____

I authorise **Vision Refunds** and its staff to undertake any necessary searches
& procedures required for the recovery of the above funds.

I declare that authentic identification documents (s) have been provided to
Vision Refunds and I have read **Vision Refunds** Terms & Conditions and
agree to them.

Name (Please Print): _____

Signature: _____

Date: / /



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