AUTHORITY TO RELEASE FUNDS

Our Ref:	

I authorise The Westport Trust t/a Positive Funds Recovery to recover unclaimed funds:

$ _____ in the name of: _____

Funds to be Recovered — Owed to (Company Name)

I/We authorise Positive Funds Recovery and its staff to act on our behalf in the recovery of the above funds. I/We declare that I/we will provide the necessary authentic identification documents in order to complete the recovery of the funds.

1. I/We declare that I am/we are the owner(s) of the unclaimed money, the subject of this claim.
2. I/We declare the information and contents of this application and information provided in support of this application are, to the best of my/our knowledge, true and correct.
3. I/We acknowledge that under the Unclaimed Money Act 1995, penalties will apply for making a false or misleading statement in or in connection with an application to claim unclaimed money.
4. I/We have read and agree to Positive Funds Recovery terms and conditions.

Your Contact Information – Authorised Signatories (Director and/or Company Secretary)

	(Signatory 1)	(Signatory 2 if required)
Company Name		
Address		
Person Name(s)		
Position		
Phone		
Email		
Signature(s)		
Date		

Where Do You Wish to Receive Your Funds?

The balance of unclaimed funds (after deduction of fees) will be paid to the nominated bank account below or sent by cheque to the current company address entered above.

Bank Account (Quickest Option) **or tick box to receive a cheque ☐**

Account Name _____ BSB _____

Bank _____ Account Number _____

Note: Reclaimed funds are processed via an independent trust account managed by Fee from Refund Pty Ltd (ABN 12 345 678 911).

For Office Use Only	
Authority to release is signed	☐
Bank information is complete	☐
Records Updated	☐

Fee Schedule (+ GST)	
Fees are calculated as a % of Funds Recovered	
Individuals:	19%
Companies/Trusts:	21%
Deceased Estates:	23%

Positive Funds Recovery
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