



AUTHORITY TO RELEASE

I _____ of _____ authorise
Corbett Refunds to recover the sum (\$ _____) to be released by
electronic bank transfers in the name of _____

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

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

Name (Please Print): _____

Signature: _____

Date: / /



Mail :

admin@corbettrefunds.com.au



Phone :

1800 318 468



Address :

Victoria 3198, Australia