



GENUINE REFUND SOLUTIONS

Your Advocate for Genuine Refunds

AUTHORITY TO RELEASE

I _____ of _____ authorise

Genuine Refund Solutions to recover the sum

(\$ _____) to be released by cheque in the name

of _____

I authorise **Genuine Refund Solutions** 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 **Genuine Refund Solutions** and I have read **Genuine Refund Solutions** Terms & Conditions and agree to them.

Name (Please Print): _____

Signature: _____

Date: / /