



FONZ REFUND SPECIALIST

Put your trust in me and I will make it happen.

AUTHORITY TO RELEASE

I _____ of _____ authorise
Fonz Refund Specialist to recover the sum (\$ _____) to be released
by cheque in the name of _____


I authorise **Fonz Refund Specialist** 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 **Fonz Refund Specialist** and I have read **Fonz Refund Specialist** Terms &
Conditions and agree to them.

Name (Please Print): _____

Signature: _____

Date: / /

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