



AUTHORITY TO RELEASE

I, _____ of

authorise **National Capital Refunds** to recover the sum of

_____ Dollars and _____ Cents (\$_____)

to be released by cheque in the name of _____.

I authorise **National Capital Refunds** and its staff to undertake any necessary searches & procedures required for the recovery of the above funds. I declare that authentic identification document (s) have been provided to **National Capital Refunds**.

I have read **National Capital Refunds** Terms & Conditions and agree to them.

NAME (Please print):	
SIGNATURE:	
DATE OF BIRTH:	
PREVIOUS ADDRESS:	
DATE SIGNED:	

National Capital Refunds

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