

AUTHORITY TO RELEASE

I.....of..... authorise
JSA Refund Services to recover the sum (\$.....) to be released
by cheque in the name of

I authorise JSA Refund Services 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 JSA Refund Services and I have
read JSA Refund Services Terms& Conditions and agree to them.

Name (Please Print):

Signature:.....

Date:.....



1800 943 436



ABN: 36423357972



www.jsarefundservices.com.au



P.O. Box 23 Minto Sydney