**WATTLE CLAIM**

**AUTHORITY TO ACT**

I authorise Wattle Claim, ABN: 51428785024– To Act, Investigate & Recover unclaimed money in the name of:

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| $ |

Account Owner

Money/Assets in the name of, [ACCOUNT OWNER] [Amount, plus interest if applicable] I authorise Wattle Claim to provide the Services pursuant to the terms and conditions provided to me or available at www.wattleclaim.com (Terms & Conditions) and to undertake any necessary searches and procedures required for the recovery of unclaimed money. I declare that I will provide necessary authentic identification document(s) to Wattle Claim.

I accept that I am responsible for providing correct information and that incorrect information may cause delays in making the claim. I authorise you to direct the unclaimed money to be deposited into Wattle Claim account (*Commonwealth Bank BSB: 062524 Account No: 10166469*) and understand that Wattle Claim will disburse the funds minus the commission of 15% of the recovered unclaimed money and is to be paid to my nominated bank account below. In the case that the holding authority pays directly to the Account Owner, then the Account Owner will use best efforts to pay within 7 days, Wattle Claim’s fee. This is irrevocable.

I acknowledge that by signing below and instructing Wattle Claim to proceed with the services:

a. that I have read and agree to the terms and conditions:

b. I am the authorised signatory to the nominated account set out below.

Account Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Payment Details:

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wattle Claim ABN: 51428785024 Ph: 0458254360 email: rwc0458@gmail Post: 2 Wattle St Binnaway 2395