AVALINE
REFUND CONSULTANTS

AUTHORITY TO RELEASE

I_____of_____ authorise **Avaline Refund Consultants** to recover the sum ($ _____) to be released by cheque in the name of _____

I authorise **Avaline Refund Consultants** 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 **Avaline Refund Consultants** and I have read **Avaline Refund Consultants** Terms & Conditions and agree to them.

Name (Please Print): _____

Signature: _____

Date: /   /