



Electronic Refund Authorisation

To help with accuracy and accountability of refunds Safe Store will only provide refunds to a nominated bank account. In line with this we require this form to be completed in full before we can proceed with the transaction.

I, _____ (Storers Name as it appears on the storage agreement), acting on behalf of _____ (insert company or organisation name if applicable), authorise that any refund on agreement number _____ (agreement no.) may be undertaken using the electronic method as outlined below.

Please refund to bank account

(num) _____ (acc name) _____

Indemnification

1. I agree that it is my responsibility to provide the correct details and that I am authorised to action this refund and to have the funds transferred to the bank account number as detailed above.
2. I also agree that if this is a company account that I am authorised to action this refund for the company specified above and that the account is a valid account listed in the company name as detailed above.

Customer Name

Customer Signature

____/____/_____
Date

Safe Store Use ONLY

Refund Amount \$ _____

Refund Date ____/____/____

Authorised by _____

Completed By _____