



AUTHORITY TO RECEIVE FEE PAID FROM REFUND SERVICE
For the year ending 30 June 2019

I request to pay accounting fees from my tax refund. I understand I will receive the balance of my tax refund deposited electronically to the stated amount below. I accept that I am responsible for providing correct information and that incorrect information may cause delays in receiving my refund money.

I authorise you to direct the ATO to deposit my tax refund into the relevant trust account and to deduct fees as per the calculation below. The balance remaining after deduction of the listed fees is to be repaid to my nominated bank account below.

I acknowledge that:

- 1 Should any variation arise with the Australian Tax Office (ATO) or my refund cheque is forwarded to me in error, I will pay the fee owing directly within 7 days of written notice.
- 2 Where due to an error on the part of either your firm, the ATO or myself, payment is made to me in excess of the correct amount due to me by the ATO; I will refund the difference within 7 days. I further understand that in the event of me not repaying any outstanding amount, I am liable for collection costs and charges.
- 3 I further agree that as per (1) and (2), if I do not refund the difference within 7 days, I authorised all or part of the difference to be repaid from my nominated bank account below. I authorise your firm ABN, to make this deduction. I am the authorised signatory of the stated account/card. I agree not to cancel this authority until any amount outstanding is repaid.
- 4 There are no amounts outstanding to the ATO or in relation to child support and/or Centrelink in my name.
- 5 Privacy: I understand and authorise that my Tax File Number (TFN) may be used for the purposes of reconciliation in paying my fees from my refund. It is under no circumstance to be made public.

Name	Blunden Butt	
Address 1	12/56 Biggs Avenue, Beachmere Waters	
Address 2	Meachmere, QLD 4510	
Contact Bus Hours		
Contact Mobile	60169047328	

BSB	084899	
Account Number	559015393	
Account Name/s	Blunden Butt & Margaret Gough	

Gross Refund	\$ 184.00				
		Accounting Fees	\$	-	
		Trust Account Charge	\$	-	
			\$	-	
		GST	\$	-	
		TOTAL AMOUNT DUE	\$	-	

Net Deposit to Client Bank Account after Fees & Charges **\$ 184.00**

Client Authorised Signature _____ Date ____/____/____

Office Use

Before accepting, please print, sign, and retain at practice

Please confirm all details are correct, especially the Bank details.

Please confirm:

Client has accepted conditions

The Authority has been printed