



Telephone (08) 87253068
 233 Commercial Street West
 Mount Gambier SA 5290
 PO Box 246
 email admin@galpins.com.au

INTERNAL USE ONLY	
CLIENT CODE	_____
PREPARER	_____
UNITS	_____
DATE	_____

I, _____ hereby agree to arrange payment of my fees for the engagement detailed below at the time of completion using the payment method as follows:

Preparation of 2019 Income Tax Return:

Drop and Go	Single \$154	<input type="checkbox"/>	Couple \$275	<input type="checkbox"/>
Appointment (accountant)	Single \$176	<input type="checkbox"/>	Couple \$297	<input type="checkbox"/>
Appointment (partner)	Single \$198	<input type="checkbox"/>	Couple \$319	<input type="checkbox"/>
	Other \$_____	<input type="checkbox"/>		

Payment Method:

Cash/Cheque Eftpos Credit Card Trust Account (\$16.50 charge applies)

Trust Account Details (If using this payment method)

I, _____ authorise Galpins Accountants situated at 233 Commercial Street West, Mount Gambier to pay immediately any trust money received by them on my account in respect to the engagement referred to above into a trust bank account, as defined hereunder, operated by them with the Commonwealth Bank, Bay Road, Mount Gambier. I further authorise them in consideration of the completion of the engagement, to deduct from the trust money so held the amount of the fee rendered as detailed above and to forward the balance of the account to me. I further authorise the Australian Society of Certified Practising Accountants (the Society)/The Institute of Chartered Accountants in Australia to use any information on such files or records for the purpose of its audit and quality reviews.

This authority is strictly limited to the engagement referred to in the body of this document.

<u>Bank details for receipt of balance of refund</u>	
BSB:	Account Number:.....
Account Name:	

<u>Credit Card Details (If using this payment method)</u>			
Card Type: Visa/Mastercard	Name on Card:		
Card Number:	Expiry Date:/.....	CVV Number:	

Email address:

Client Signature: **Date:**