Company Client Authorization form

Company details & authority

Company Name	
Tax File Number	
ABN	
ACN	
Company Industry	
ANZSIC Code (if known)	
Company Address	
Postal Address	
Director Name	
Mobile	
Telephone (Office)	
Email	
Bank Account Name	
BSB	
Account Number	

I/We authorise GPA Professional Services Pty Ltd to have access to my information on the ATO Tax Agent Portal and prepare my tax return as per the information provided.

Director Signature

Date

Office Use	
Accountant Name	
Data Input By / Date	
Client Reference	
Comments	