

Name: _____

Amount Due: _____

Please indicate which Payment Option you wish to make:

PAYMENT OPTIONS

Credit Card Authority

Mastercard Visa Aust. Bank Card

Cardholders Name: _____ Amount: _____

Card Number: _____

Expiry Date: ____/____/____ Cardholders Signature: _____ Date: ____/____/____

Bank Transfer

Account Name: Ascent Business Directions (WA) Pty Ltd
BSB Number: 306 063 Account Number: 041 8314
Please include your Name or Reference Number on Payment.

Signature:..... Due Date:

Payment by Cheque

Please Make Cheques Payable to: Ascent Business Directions (WA) Pty Ltd

Signature:..... Due Date:

Deducted from Refund – This Will Attract An Administration Fee of \$44.00 (GST inc) which will be deducted from your refund.

Name: Signature:..... Date:.....

Name: Signature:..... Date:.....

I hereby authorise your firm to receive into your trust bank account my refund from the Deputy Commissioner of Taxation on my behalf. I further authorise you to deduct from those amounts \$_____ plus \$44.00 that is due to you by me and request you to then **forward me the balance via option A or B below (please tick box).**

A. Bank Transfer
Account Name: _____ BSB: _____ Account Number: _____

OR

B. Cheque
Address:.....

Note: Your estimated Tax Refund may vary.
• We require you to forward this form, indicating payment method before the lodgement of your tax return/s can be processed.