



Susan Smith & Associates CHARTERED
ACCOUNTANT

INFORMATION RELEASE AUTHORITY

To whom it may concern:

I/We, the undersigned do hereby authorise you to supply to my/our accountant:

**Susan Smith & Associates Pty Ltd,
Shop 2, 16 Ruby Street,
PO Box 247,
Emerald QLD 4720**

such information as requested either by phone, fax, email or in person, or by a duly authorised employee in relation to my/our accounts operated through your institution.

We authorise the provision of this information to Susan Smith & Associates Pty Ltd by phone, fax, email or in person, or to a duly authorised employee.

This authority shall remain in force until such time it is cancelled by me/us.

Dated this _____ day of _____ 20_____

Signature

Signature

'Liability limited by a scheme approved under Professional Standards Legislation.'

Principal: Susan Smith

PO Box 247 Emerald QLD 4720 | Shop 2 Mackay Arcade 16 Ruby Street Emerald QLD 4720

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ABN 33 955 015 618 ACN 142 184 996