



Accountant/Tax Advisor Letter of Authorisation

Please complete this form if you wish to authorise Davy to discuss the contents of your Tax Pack with your Accountant/Tax Advisor and/or send your Tax Pack directly to your Accountant/Tax Advisor.

Please complete this section in full

Client Account Number

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Client Name

Joint Account Holder's Name

Client Address

Authorisation – Postal (Please tick the box if applicable)

I/we authorise Davy to **Remit** my/our Davy Tax Pack(s) for the Client Account listed above, directly to my/our Accountant/Tax Advisor. I/we are aware that I/we will not receive a copy of my/our Tax Pack if I/we choose this option.

Authorisation – Verbal (Please tick the box if applicable)

I/we authorise Davy to **Contact and Discuss**, my/our Davy Account to assist my/our Accountant/Tax Advisor in making my/our Tax Return.

Accountant/Tax Advisor Details

Contact Name	Firm Name & Address	Contact Numbers

Signature(s)

ACCOUNT HOLDER _____ JOINT ACCOUNT HOLDERS _____

Signature Signature

Date Date

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