

# WELCOME!

Dear new client:

Please complete all the following forms  
**INCLUDING 3<sup>RD</sup> PARTY AUTHORITY FORM**  
and post to:

SUM-it Accounts Ltd

c/- Accounts Online Ltd

PO Box 38004

Wellington Mail Centre

LOWER HUTT 5045

*Banks insist on forms being completed in any  
coloured pen **but not BLACK.***

- It takes around 5-10 days for Xero and your bank(s) to process your documentation. We will contact you in about 4 weeks to arrange your training.
- Please arrange to have your accountants chart of accounts emailed to us at [xero@accountsonline.co.nz](mailto:xero@accountsonline.co.nz) in Excel format prior to us making contact with you. If you happen to be on BankLink with your accountant please ask them to email us a copy of your file to the above email address so we can extract information to get Xero set up easily.

**SUM-it Accounts Team**  
Part of the Accounts Online Group

# SUM-it Accounts Ltd

(A Division of Accounts Online Limited)



Partners with



## Client Details

Legal Name \_\_\_\_\_

Trading Name \_\_\_\_\_

Contact(s) \_\_\_\_\_

## Addresses

Physical \_\_\_\_\_

Postal \_\_\_\_\_

Start Date \_\_\_\_\_ / \_\_\_\_\_

Financial Yr End \_\_\_\_\_ / \_\_\_\_\_

Office Use

## Contact Numbers

Business \_\_\_\_\_

Toll Free \_\_\_\_\_

Facsimile \_\_\_\_\_

Industry \_\_\_\_\_

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Bank A/c Numbers

	Bank	Branch Number	Account Number	Suffix
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## GST Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Accountant

Firm \_\_\_\_\_

Partner \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Small - Max 5 A/R & 5 A/P & 20 B/s Trans

Medium - Full features excl. Foreign exchge.

Large - Full features + Foreign exchge.

Mthly Sub. \$ \_\_\_\_\_

Accountant



SUM-it Accounts Ltd

Form 3

Authority for Automatic Payments

Not to operate as an assignment or an agreement

Payer Details To the manager

Name of Bank
Branch
Name of Account

Important - Please Tick

[X] This is a new authority, or

As from / / (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.

Account Details

On behalf of (name if other than payer)

Bank/Branch/Account Number/Suffix

Details to appear on my/our bank statement:

Particulars (max 12 characters)

Code (Max 12 characters)

Reference(max 12 characters)

SUM-it Accounts

Frequency and Amount

First payment date 10 / / Last payment date OR Until further notice (tick) [X]

Frequency: Weekly Fortnightly Four Weekly [X] Monthly or Specify other period

Fixed Amount

Amount in words

Complete if applicable (one option only):

Variable amount o First o Last \$ Amount in words

Payee Details

Pay to the credit of: Name of Bank ASB Bank Limited Branch Johnsonville

Name of account SUM-it Accounts Limited

Bank/Branch/Account Number/Suffix 1 2 3 2 2 3 0 0 7 1 5 0 4 0 0

Details to appear on payee's bank statement:

Particulars (max 12 characters)

Code (Max 12 characters)

Reference(max 12 characters)

Conditions

- 1. The Bank will use reasonable care and skill to give effect to directions given to it in the authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omissions to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/We may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there is insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payment detailed above.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Authorisation

- 1 Please make this automatic payment as detailed by debiting my/our account.
2 I/We understand and accept that the Bank accepts this authority only on the conditions above.

Name of Account (customer to complete)

Customer's Signature

Contact ph

Date

# FORM 4

To arrange coded cheque books and deposit books

**Date:** \_\_\_\_\_

**Customers Name:** \_\_\_\_\_

**Customers Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Customer Services

<b>Bank</b>	<input type="checkbox"/>	<b>ANZ</b>	<input type="checkbox"/>	<b>NZ Dairy Group</b>
	<input type="checkbox"/>	<b>ASB</b>	<input type="checkbox"/>	<b>PGG</b>
	<input type="checkbox"/>	<b>BNZ</b>	<input type="checkbox"/>	<b>Westpac</b>
	<input type="checkbox"/>	<b>National Bank</b>		

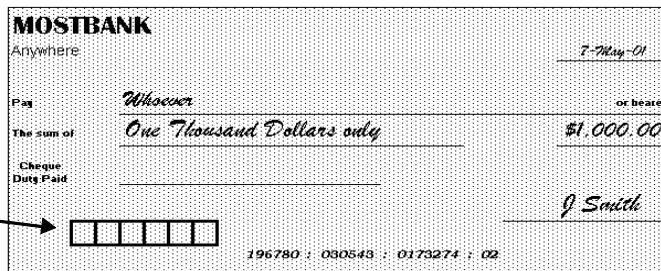
## Re Account Number :

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you please arrange the supply of new cheque and deposit books with the Analysis Format as illustrated below.

## SAMPLE ONLY

Analysis Code  
(Blank Feilds)



This is the first time I have ever made a request for Analysis encoded cheques and deposits, so if you are unfamiliar with them please telephone SUM-it Accounts Ltd on 04 4999-035 or 021 660-678.

Yours faithfully



**Tax Invoice**

**SUM-it Accounts Ltd**

(A Division of Accounts Online Limited)

PO Box 38004

Wellington Mail Centre

WELLINGTON 5045

GST Number 91-940-388

Date: \_\_\_\_\_

Customer:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Monthly Subscription:**

GST Inclusive - \$ \_\_\_\_\_

Due on the 10<sup>th</sup> of each month

**Estimated one off set-up cost**

1. Xero Setup	___ Hrs	x \$ ___	=	_____
2. Xero Training	___ Hrs	x \$ ___	=	_____
3. Prior Period Data Entry	___ Hrs	x \$ ___	=	_____
4. Travel, Rental Car & Accommodation				_____
5. Estimate (Invoice to be based on actual time)			\$	_____

(GST Exclusive)

**Terms of Service**

1. SUM-it Accounts Ltd will maintain absolute confidentiality of all information disclosed during and after the installation of this service.
2. Present subscription rates are governed by the fees charged by the service provider and in the event that these charges are changed you will be notified in writing.
3. Installation and training will be invoiced separately based on actual hours of training, with free phone, fax or email support for software support for up to 5 minutes per enquiry per week. Additional software support will be charged as per prescribed rates available on request from SUM-it Accounts Ltd.
4. One of SUM-it Accounts Ltd trainers provide training and support but as the source of this service is dependent upon other service providers SUM-it Accounts Ltd or their representatives shall not be responsible or liable for any defaults arising from the other service providers failing to provide their service.
5. Software will be upgraded on an ongoing basis and these upgrades are included as part of the monthly subscription fee unless the service provider changes their policy. If the customer requires onsite assistance to deal with any software changes this support will be provided as per rates available from SUM-it Accounts Ltd.
6. This contract is for a minimum of 36 months. Written notification to cancel is required at least ten days prior to the end of each term. If the business ceases to trade then 10 days written notice is required so SUM-it Accounts Ltd can stop the service. Failure to provide these notifications will result in the monthly subscription being payable until such time as the cancellation notice is received. Please note that it is the Client's responsibility to cancel the automatic payment and no refunds will be payable as a result of the client's failure to cancel such payments.
7. SUM-it Accounts Ltd agrees to exercise due care and diligence when working with the Client's data and equipment but shall not be liable for loss or subsequent damage arising from the service provided. It is the client's responsibility to protect their data by way of regular extraction of key information and to provide suitable protection from hackers, virus's, etc.
8. SUM-it Accounts Ltd undertakes to do everything reasonably possible to provide cost effective solutions to their clients on an ongoing basis.

\_\_\_\_\_  
 (Signature of Client)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Date)