



170-186 Featherston Street, Wellington

Authority to Disclose Information

To the Manager, Bank/Branch (the Bank)
We/I (Customer)
(Name of Account Holder/s)
Authorise XERO LIMITED (Recipient Customer)
At (Recipient Bank)
Weblink ID:
Organisation: (Organisation/Company Name)

To view Information in respect of the following accounts:
(Please indicate account number, as appropriate)
(Nominated Accounts)

(Account Name)

Table with 4 columns for account numbers and 1 column for account names.

The Customer accepts and agrees the following:

- 1. Information means all account balance and transaction details for each business day for the Nominated Accounts.
2. The Customer requests and authorises the Bank to release the Information to the Recipient Bank and Recipient Customer on each day the Bank is open for business.
3. The Information will be disclosed by electronic transmission to the Recipient Bank.
4. The Customer acknowledges and agrees that, to the maximum extent permitted by law, that neither the Bank nor the Recipient Bank will be liable in contract, tort (including negligence) or otherwise for any damage, loss or cost (including legal costs) to the Customer or any other person caused or arising out of any act or omission by either the Bank or the Recipient Bank in relation to this Authority.
5. This Authority will continue in full force and effect until the Bank receives notice in writing from the Customer cancelling it.

Signed for and on behalf of (Name of Customer)

by: (signature of authorised signatory) Name: Title:

by: (signature of authorised signatory) Name: Title:

Date: / /

Bank use only: RM (if applicable)

Customers Signature Confirmed

Manager Branch

Loaded: / /

(Please sign and affix Bank/Branch Stamp)