

IMPORTANT

PLEASE NOTE:

ALL FORMS **INCLUDING 3RD PARTY**
AUTHORITY FORM 3 ARE TO BE
POSTED BACK TO:

ACCOUNTS ONLINE PROCESSING CENTRE
PO BOX 38004
WELLINGTON MAIL CENTRE 5045



Accounts Online

Form 1

Business 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"/>

GST Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	1 x Mthly <input type="text"/>	2 x Mthly <input type="text"/>	6 x Mthly <input type="text"/>	1st Mth <input type="text"/>
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Accountant

Firm

Address

Partner

Phone #

Email

Estimated Transaction Range

-

Notes

Mthly Sub. \$

Connect	<input type="checkbox"/>
Banklink	<input type="checkbox"/>
Tax Invoice	<input type="checkbox"/>
Auto Payment	<input type="checkbox"/>

Industry



Accounts Online

**PO Box 38004
Wellington Mail Centre
WELLINGTON 5045**

FORM 2 Tax Invoice

Date: _____

GST Number 30-944-089

Customer:

Monthly Subscription:

GST Inclusive - \$ _____

Due on the 10th of each month

Initial Set-up Cost Estimate (BankLink Service)

- | | | | |
|--|------------------|----|-------|
| 1. Connection Fee(s) | ___ A/c's x \$15 | = | _____ |
| 2. Installation & 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

- Accounts Online will maintain absolute confidentiality of all information disclosed during and after the installation of this service.
- The monthly subscription detailed above will be reviewed every six months. If the total subscriptions were incorrectly estimated by less than \$30 (+ or -) over the six months both parties forfeit any rights to re-imburement. In the event the cost variation exceeds \$30 (+ or -) an additional invoice or refund will be issued by Accounts Online.
- Present subscription rates are governed by the fees charged by the service provider(s) and in the event that these charges are changed this will be reflected in the six monthly reviews.
- Installation and training will be invoiced separately based on actual hours required, with free phone, fax or email support for software support enquires. Assistance required due to client backup failures, reinstallations and technical application of the software would be charged as per the prescribed rate published on Accounts Online web site.
- One of Accounts Online trainers will provide all training and support for this service but as the source of this service is dependent upon other service providers Accounts Online or their representatives shall not be responsible or liable for any defaults arising from the other service providers failing to provide their service.
- Software upgrades will be supplied free of charge unless the service providers change their policy. If the customer requires onsite upgrades an agreed installation fee will be charged.
- This Contract is for a minimum of 36 months period of service. If the Client ceases to trade the Client agrees to give at least 10 days written notice to cancel the monthly subscription so that Accounts Online can stop the BankLink service. Failure to advise 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.
- Accounts Online 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 backups and to provide suitable protection from hackers, virus's, etc.
- Accounts Online undertakes to do everything reasonably possible to provide cost effective solutions to their clients on an ongoing basis.

(Signature of Client)

_____/_____/_____
(Date)

BankLink

Incorporating BankLink Limited and Media Transfer Services Limited

Send completed form to:
**BankLink, PO Box 56354,
Dominion Road, Auckland 1446**

Name of Account	<input type="text"/>	Client Code	<input type="text"/>
Account Number	<input type="text"/>	Cost Code	<input type="text"/>
Name of Account	<input type="text"/>	Client Code	<input type="text"/>
Account Number	<input type="text"/>	Cost Code	<input type="text"/>
Name of Account	<input type="text"/>	Client Code	<input type="text"/>
Account Number	<input type="text"/>	Cost Code	<input type="text"/>

THIRD PARTY AUTHORITY

To: The Manager,

(Insert name of Bank and Branch)

And:

To: The General Manager,
Media Transfer Services Ltd.

As from the day of 20 you and each of you are hereby authorised to disclose and/or make use of all data and information relating to my/our bank account/s designated above which may be required in connection with the performance of the processing services under any E.D.P. Services Contract which you or either of you may now or hereafter have with

(my/our advisors)

(Practice Code)

and neither of you shall be liable for delays, non-performance, failure to perform, processing errors or any other matter or thing arising out of this authority or the contract which occur for reasons beyond your control and under no circumstances shall your liability (either joint or several) include or extend to any special or consequential loss or damage. This authority is terminable by you or either of you at any time without notice on any grounds you may think fit without rendering you liable in any way.

Dated this day of 20.....

.....
(Signature of Third Party)

Signature confirmed:

..... Manager

..... Branch

Additional Information to assist BankLink processing

Service Frequency:	Monthly	Weekly (where available)
Rural Institutions Only:	Re-date transactions to Payment Date	Date shown on statement (not re-dated)

Urgent

Form 4

Date:

Customers Name:

Customers Address:
.....
.....

Customer Services

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

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)

MOSTBANK
Anywhere 7 May 01

Pay Whoever or bearer

The sum of One Thousand Dollars only \$1,000.00

Cheque Duty Paid _____

J. Smith

[] [] [] [] [] []

196780 : 090543 : 0173274 : 02

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 Accounts Online on 04 4999-035 or 021 660-678.

Yours faithfully

.....
Authorised Signatory(ies)



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

- 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)

Frequency and Amount

First payment date Last payment date OR Until further notice (tick)

Frequency: Weekly Fortnightly Four Weekly Monthly or Specify other period

Fixed Amount

Amount in words

Complete if applicable (one option only):

Variable amount First Last \$ Amount in words

Payee Details

Pay to the credit of: Name of Bank National Bank of New Zealand Branch Porirua

Name of account Accounts Online

Bank/Branch/Account Number/Suffix

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

Customer's Signature Contact ph Date

Bank Use

Date Received Recorded by Checked by



BARTERCARD NEW ZEALAND LTD

Automatic Transaction Deduction Authority

The following is regards to the agreement between _____ Date ____/____/____

Merchants Name/Account Name Accounts Online NZ Ltd

Merchants Account No

6	0	0	9	1	2	6	4	0	9	0	8	4	3	6	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Customers Name/Account Name _____

Merchants Account No

6	0	0	9	1	2	6	4								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

I, _____ (customer) authorise Bartercard New Zealand Ltd to deduct from my trading account, the amount of \$ _____ on a

- Weekly Basis (deducted every Friday)
- Fortnightly Basis (deducted every 2nd Friday)
- Mid-Month basis (deducted on the 20th of every month)
- End-Month basis (deducted last working day of every month)

[Please tick to indicate which payment you require]

~~a) from _____ through to and including _____
[month] [year] [month] [year]
Should either party wish to terminate this agreement prior to completion, written notification by either party is required seven (7) days in advance to ceasing date.~~

b) from _____ on a regular basis and will only cease by written notification by
[month] [year]
either party seven (7) days in advance to ceasing date.

~~Variable First Amount Date to be debited ____/____/____ Amount \$~~
~~Variable Last Amount Date to be debited ____/____/____~~

Customers Name _____ Customers A/c Name _____

Customers Signature

(Authorised Signatory on Account)

Office Use Only

- | | | | | |
|--|------------------------------|--------------------------|-----------------------------|--------------------------|
| | W | F | M | E |
| Date going out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a termination date? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Is there a variable amount? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Has the customer signed? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Is this replacing a current ADA? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

Initials