Please post complete original form to:

ORBUS
FREEPOST 222680
PO Box 794
NELSON 7040

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)

				_____
				_____
				_____

The Customer accepts and agrees the following:

1. "**Information**" means all account balance and transaction details for each business day for the Nominated Accounts. The account balance will be that at the date and time the Information is transmitted by the Bank.
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. The Customer accepts and acknowledges that electronic services are subject to interruption or breakdown for a variety of reasons
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. The Customer agrees to indemnify and hold the Bank harmless against any loss, damage, cost, expense, claim, proceeding or liability of whatever kind, other than arising from negligence or fraud by the Bank or any of its employees, which the Bank may suffer or incur to any person as a result of the Bank acting on the Customer's instructions set out in 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: _____ Name: _____ Title:
(signature of authorised signatory)

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

Date: _____/_____/_____

Bank use only:
RM (if applicable)

Loaded: / /

Customers Signature Confirmed

Manager
Branch

(Please sign and affix Bank/Branch Stamp)