TSB Bank Limited Transaction Data Services

Authority to Disclose Information to a Third Party

To: The Manager, Branch: _____ ("The Bank")

I/We _____ ("The Customer")
(Name of Account Holder)

Authorise XERO Limited New Zealand ("The Authorised Recipient")

To be supplied with my / our bank account transaction information for the following nominated accounts:

Please indicate TSB Bank account numbers, as appropriate	**Account Name**
1 5 3 9 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____
1 5 3 9 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____
1 5 3 9 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____
1 5 3 9 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____

"Information" (includes) all account balances and transaction details for the Nominated Accounts.

1. The Customer requests and authorises The Bank to release information to the Authorised Recipient.
2. The Customer acknowledges and agrees that, to the maximum extent permitted by law, that The Bank will not be liable in contract, tort (including negligence) or otherwise for any damage, loss or cost (including legal costs) to The Customer or any person caused or arising out of any act or omission by The Bank in relation to this authority.
3. This authority will continue in full force and effect until The Bank receives written notice of revocation from The Customer.

Signed for and on behalf of:

_____ (Name of Customer(s))

By: _____ (Authorised Signature(s))

By: _____ Date: _____

Bank Use only:

Processed by:

Checked by:

Recipient Notified:

Bank Date Stamp

Please post complete original form to:

ORBUS
FREEPOST 222680
PO Box 794
NELSON 7040