



Send completed form to:
 MYOB BankLink
 PO BOX 56354,
 Dominion Road, Auckland 1446

Name of Account

Client Code

Account Number

Cost Code

THIRD PARTY AUTHORITY

To: The Manager,

 (Supplier Name)

and The General Manager,
 MYOB NZ Limited
 ("MYOB BankLink")

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 account 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 authorised recipients")

(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.

Any revocation of this authority by me/us will take effect fourteen(14) days after written notice is received by the Supplier from MYOB BankLink.

Dated this..... day of 20

.....
 (Print name of Third Party)

.....
 (Signature of Third Party)

Additional information to assist MYOB BankLink processing

Please supply the account above as a Provisional Account if it is not available from the Supplier

Secure Client Existing Secure Code

Rural Institutions Only:

Re-date transactions to Payment Date

Date shown on statement (not re-dated)