

Welcome

Dear new Bartercard Member

Please complete all the following forms

INCLUDING 3rd PARTY AUTHORITY FORMS

and post all documents to:

Accounts Online Limited

P O Box 83104

Johnsonville

Wellington 6440

The banks request you do not use a Black Ink pen when signing these documents.

- It takes approximately 5-10 days for BankLink and your bank(s) to process your documentation.
- Upon receipt of your completed sign-up forms, we will email you requesting further information required to set up your BankLink file(s).
- We will contact you in about 4 weeks to arrange your training. By this time, there should be sufficient data available to maximise your training experience.

Welcome onboard from the Accounts Online Team

Business Details

Start Date: _____

Legal Name: _____

Trading Name: _____

Contact Name: _____

Financial Year End

Notes:

Associate:

Addresses

Physical: _____

_____ Post Code _____

Postal: _____

_____ Post Code _____

Contact Details

Industry _____

Business: _____

Home: _____

Toll Free: _____

Mobile: _____

Facsimile: _____

eMail: _____

Bank Accounts

Bank	Branch	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GST Number

Accountant Firm: _____ Partner: _____

Address: _____ Phone: _____

_____ Email: _____

<i>Office Use</i>	Estimated Transaction range	Training Date	Sign-up forms complete	<input type="checkbox"/>	3PA sent	<input type="checkbox"/>	
	<input type="text"/>	_____	Database entered	<input type="checkbox"/>	Inv mailed	<input type="checkbox"/>	
	©Accounts Online Ltd	Invoice #	_____	Connect code	<input type="checkbox"/>	Welcome	<input type="checkbox"/>
				Payee number	<input type="checkbox"/>	Connect/pin rec'd	<input type="checkbox"/>
				Bank authority returned	<input type="checkbox"/>	Complete	<input type="checkbox"/>



Accounts Online Limited
PO Box 83104
Johnsonville
Wellington 6440

Tax Invoice

Date: _____

GST Number 90-804-294

Clients Name and Address

Four horizontal lines for client name and address.

Monthly Subscription

GST Exclusive \$ _____

GST Inclusive (GST 15%) \$ _____

Due on the 10th of each month

Estimated Initial Setup Cost of BankLink

Table with 4 columns: Description, Quantity, Unit Price, Total. Rows include Connection Fee(s), Set Up & Training, Historical Data Entry, Travel (if applicable), and Estimate (Invoice based on actual time).

Terms of Service

- 8 numbered terms of service regarding confidentiality, subscription reviews, rates, connection fees, training, defaults, software upgrades, contracts, and liability.

Client Signature

BankLink

Incorporating BankLink Limited and Media Transfer Services Limited

Form 3

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

Accounts Online Limited

(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.....

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

.....
(Signature of Third Party)

Signature confirmed:

..... Manager

..... Branch

Additional Information to assist BankLink processing

Please supply the account(s) above as Provisional Account(s) if they are not available from the Bank

Service frequency: Monthly (default) Weekly (where available) Daily (where available)

Rural Institutions Only: Re-date transactions to Payment Date Date shown on statement (not re-dated)

URGENT

This is a request to arrange analysis encoded cheque books and deposit books

Date / /

Customer Name: _____

Customer Address: _____

Customer Services

<p>Bank</p> <table border="1" style="border-collapse: collapse; width: 60px; height: 100px;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>					<p>ANZ</p> <p>ASB</p> <p>BNZ</p> <p>CBS</p>	<table border="1" style="border-collapse: collapse; width: 60px; height: 100px;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>				<p>National Bank</p> <p>Nelson Build. Soc.</p> <p>Westpac</p>

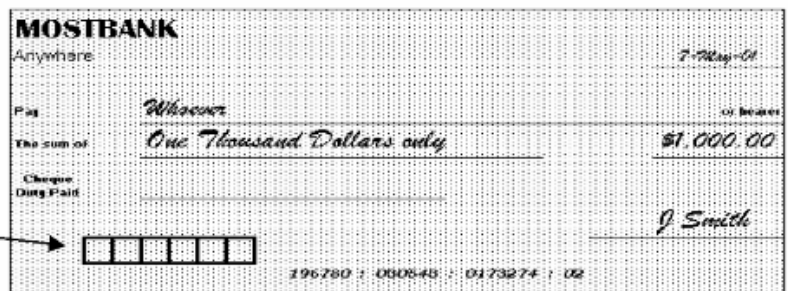
Re Account Number

Bank	Branch Number	Account Number	Suffix															
<table border="1" style="border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>			<table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>					<table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>						<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table>				

Will you please arrange the supply of new cheque and deposit books with the Analysis Format as illustrated below

SAMPLE ONLY

Analysis Code
(Blank Fields)



If this is the first time I have made a request for Analysis encoded cheques and deposits, and you are unfamiliar with them please telephone Accounts Online on 04 4999-035 or 021 660-678.

Yours faithfully

Authorised Signatory(ies)



ACCOUNT INFORMATION

Name of Account

AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited.

Bank Branch Number

Account Number

Suffix

Authorisation Code

(User Number)

TO: The Manager Bank Name

PO Box

Town/City

Date / /

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -

Accounts Online Limited

(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars

Payer Code

Payer Reference

Name of Account (Customer to complete)

Authorised Signatures

1926
11/10.

FOR BANK USE ONLY

Date Received Recorded By Checked By

Original - Retain at Branch
 Copy - Forward to Initiator if requested

BANK STAMP

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. **The Initiator:**
 - (a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days before (but not more than 2 calendar months) the date when the Direct Debit will be initiated. This advance notice must be provided either:
 - (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator
 The advance notice will include the following message:-

 "Unless advice to the contrary is received from you by (date*), the amount of \$..... will be direct debited to your Bank account on (initiating date)."

 * This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.
 - (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
2. **The Customer may:-**
 - (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
 - (b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
 - (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to

3. **The Customer acknowledges that:-**
 - (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
 - (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
 - (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lies between me/us and the Initiator.
 - (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
 - (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
4. **The Bank may:-**
 - (a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
 - (b) At any time terminate this authority as to future payments by notice in writing to me/us.
 - (c) Charge its current fees for this service in force from time-to-time.

the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account



Bartercard New Zealand

Automatic Transaction Deduction Authority



Bartercard New Zealand refers to Bartercard Exchange Ltd.

Date / /

The following is regards to the agreement between

Customers Name/Account Name _____

Customers Card No.

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

Merchants Name/Account Name Accounts Online Limited

Merchants Account No.

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

I, _____ (customer), authorise Bartercard New Zealand 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)
- Is this replacing an existing Automatic Transaction Deduction Authority

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 \$

Customers Account Name _____

Customers 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 <input style="width: 80px;" type="text"/>				