

Authority to Disclose Information



Send completed form to:

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The Manager	Rabobank New Zealand	("the Data Provider")
We/I		("the Customer")
Organisations		(Your Organisation/Company Name)
Authorise	Xero Limited	("the Data Recipient")

I/We as authorised account signatory(s) of the nominated account(s) authorise the Data Provider to disclose the historical transaction data relating to the account(s) nominated below by electronic file transfer to the Data Recipient.

Account Name	Account Number

("Nominated Accounts")

The Customer accepts and agrees the following:

1. "Information" means all account balance and transaction details for Nominated Accounts, at the frequency agreed between the Data Recipient and the Data Provider. The account balance will be that at the date and time the Information is transmitted by the Data Provider.
2. The Customer requests and authorises the Data Provider to release the Information to the Data Recipient as often as the Data Recipient requests, and as often as the Data Provider can provide it, subject to the agreement between the Data Provider and Data Recipient.
3. The Information will be disclosed by electronic transmission to the Data Recipient. 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 Data Provider nor the Data Recipient 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 Data Provider or the Data Recipient in relation to this Authority. The Customer agrees to indemnify and hold the Data Provider and Data Recipient harmless against any loss, damage, cost, expense, claim, proceeding or liability of whatever kind, other than arising from negligence or fraud by the Data Provider or the Data Recipient or any of their employees, which the Data Provider or Data Recipient may suffer or incur to any person as a result of the Data Provider or Data Recipient acting on the Customer's instructions set out in this Authority.

This Authority will continue in full force and effect until the Data Provider receives notice in writing from the Customer cancelling it.

Signed for and on behalf of	
Date	

Authorised Signature	
Name	
Title	

Authorised Signature	
Name	
Title	