Authority to **Disclose Information**



Send completed form to:

Xero, Freepost PO Box 24 537 Wellington, 6142

bankfeeds@xero.com Fax: +64 4 819 4801



Bank like you onin	the place				
The Manager				("the Data Provider")	
We/I					("the Customer")
Organisations				(Your Organisation/Company Name)	
Authorise Xero Limited				("the Data Recipient")	
	e Business owner of the nomi account(s) nominated below b				rovider to disclose the historical transaction ecipient.
Account Name		Account Number			
					("Nominated Accounts"
The Customer acc	epts and agrees the following:		Signed		
"Information" me transaction details frequency agreed I	I the	Signed for and on behalf of			
Data Provider. The date and time the I Data Provider.		Date			
Provider to release Recipient as often information, and as	equests and authorises the Data the Information to the Data as the Data Recipient requests s often as the Data Provider can	the			
provide it, subject t Provider and Data 3. The Information transmission to the		Authorised Signature			
accepts and ackno subject to interrupt	s are	Name			
reasons. 4. The Customer a maximum extent p		Title			
contract, tort (inclu any damage, loss	ata Recipient will be liable in ding negligence) or otherwise fo or cost (including legal costs) to	the			
any act or omission	ther person caused or arising oun n by either the Data Provider or				
Data Recipient in r Customer agrees t Provider and Data		Authorised Signature			
loss, damage, cost liability of whatever		Name			
negligence or fraud Recipient or any of Provider or Data R	ta	Title			
	of the Data Provider or Data n the Customer's instructions se	t out		•	

This Authority will continue in full force and effect until either the Data Provider receives notice in writing from the Customer cancelling it or the Data Provider, at its absolute discretion, terminates it, without liability on any grounds.

in this Authority.