

Welcome

Dear new client,

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: _____

Addresses

Physical: _____

Post Code _____

Postal: _____

Post Code _____

Financial Year End

Notes:

Associate:

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			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 x monthly <input type="checkbox"/> 2 x monthly <input type="checkbox"/> 6 x monthly <input type="checkbox"/> 1st month

Accountant Firm: _____

Partner: _____

Address: _____

Phone: _____

Email: _____

<i>Office Use</i>	Sign-up forms complete	<input type="checkbox"/>	3PA sent	<input type="checkbox"/>
Estimated Transaction range	Database entered	<input type="checkbox"/>	Inv mailed	<input type="checkbox"/>
<input style="width: 100px; height: 20px; border: 2px solid black; text-align: center; border-bottom: none;" type="text"/>	Connect code	<input type="checkbox"/>	Welcome	<input type="checkbox"/>
Training Date	Payee number	<input type="checkbox"/>	Connect/pin rec'd	<input type="checkbox"/>
_____	Bank authority returned	<input type="checkbox"/>	Complete	<input type="checkbox"/>
Invoice #				

©Accounts Online Ltd



Accounts Online Limited
 PO Box 83104
 Johnsonville
 Wellington 6440

Tax Invoice

Date: _____

GST Number 90-804-294

Clients Name and Address

Monthly Subscription

GST Exclusive \$ _____

GST Inclusive (GST 15%) \$ _____

Due on the 10th of each month

Client Signature

Estimated Initial Setup Cost of BankLink

Connection Fee(s)	# Accounts _____	x	\$20.00	=	\$ _____
Set Up & Training	Hours _____	x	\$ _____	=	\$ _____
Historical Data Entry	Hours _____	x	\$ _____	=	\$ _____
Travel (if applicable)	Rental Car and Accommodation			=	\$ _____
Estimate (Invoice based on actual time)			GST Exclusive	=	\$ _____

Terms of Service

- Accounts Online will maintain absolute confidentiality of all information disclosed during and after the installation of this service and undertakes to do everything reasonably possible to provide cost effective solutions on an on-going basis.
- The monthly subscription will be reviewed annually in accordance with prescribed transaction levels of activity as set out on Accounts Online's website. If the total subscriptions were incorrectly estimated by less than \$60 (+ or -) over the 12 months both parties forfeit any rights to re-imburement. In the event the cost variation exceeds \$60 (+ or -) an additional invoice or refund will be issued by Accounts Online.
- Present subscription rates are governed by the fees charged by the service provider(s). In the event these charges are changed this will be reflected in the six monthly reviews. Accounts Online also reserves the right to charge reasonable late payment charges (interest) and collection fees if subscriptions are not paid on time. In the unlikely event this should occur Accounts Online reserves the right to seek and share credit history. In order to help maintain the cost of administering the service pricing incentives are given to clients paying by direct debit.
- Any connection fees, installation, travel and training required will be invoiced separately based on actual hours required and is payable within 7 days of the date of the invoice or on the 20th of the month following if paid by direct debit. Thereafter, free phone, fax or email support for software support is limited to 5 minutes per week. Any further assistance or help required due to backup failures, software reinstallations and other technical support is chargeable as per the prescribed rates published on Accounts Online web site.
- If required, one of Accounts Online trainers will provide training and support for this service, but as the source of this service is dependent upon other service providers Accounts Online or their representatives shall not be responsible or liable for any defaults arising from the other service providers failing to provide their service.
- Software upgrades are supplied free of charge unless the service providers change their policy. If the customer requires assistance to upgrade an agreed installation fee will be charged.
- This contract is for a period of 36 months from the date of acceptance. Thereafter, it will be automatically renewed every 12 months. To terminate the contract the client must give written notice 10–30 days prior to the end of each contracted period or if the client ceases to trade then at least 10 days written notice is required. The monthly subscription will remain payable until written notice has been received and the 10 days notice period has elapsed. It is the clients sole responsibility to cancel monthly payments. No refunds will be payable as a result of the client's failure to cancel such payments.
- Accounts Online agrees to exercise due care and diligence when working with the Client's data and equipment but shall not be liable for loss or subsequent damage arising from the service provided. It is the Client's responsibility to protect their data by way of regular backups and to provide suitable protection from hackers, viruses or any other risk.

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>

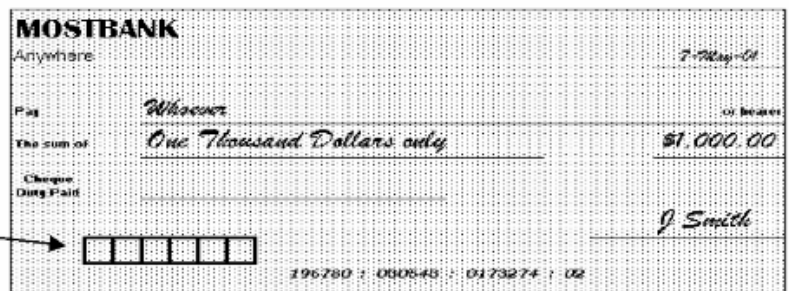
Re Account Number

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

SIGNATURE

SIGNATURE

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

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

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.