BankLink

Incorporating BankLink Limited and Media Transfer Services Limited

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

Name of Account		Client Code	
Account Number		Cost Code	
Name of Account		Client Code	
Account Number		Cost Code	
Name of Account		Client Code	
Account Number		Cost Code	

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

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(my/our advisors)

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(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

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