

# BankLink

Incorporating BankLink Limited and Media Transfer Services Limited

Send completed form to:

BankLink

P O Box 56354, Dominion Road, Auckland

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

(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.....

.....  
(Signature of Third Party)

Signature confirmed:

..... Manager

..... Branch

### Additional Information to assist BankLink processing

Service Frequency:

Monthly

Weekly (where available)

Rural Institutions Only:

Re-date transactions to Payment Date

Date shown on statement (not re-dated)