

Telephone 0-9-377 7790 Fax 0-9-377 8744 P.O. Box 56354, Dominion Road, Auckland

Incorporating BankLink Limited and Media Transfer Service	es cirinied		
Name of Account TO'S Re	ESTAURANT	Client Code	
Account Number 12 3450	0 7890123 456	Cost Code	
Name of Account		Client Code	
Account Number		Cost Code	
Name of Account		Client Code	
Account Number		Cost Code	
THIRD PARTY AUTH	ORITY		
	PIER		
(Insert name of Bank and Branch)			
And: To: The General Manager, Media Transfer Services Ltd.			
the performance of the processing service have with	2006 you and each of you are my/our bank account/s designated above as under any E.D.P. Services Contract which	h you or either of you may now or herea	ake vith ıfter
ACCOUN	TING ASSOCIATES (my/our advisors)	<u> </u>	
and neither of you shall be liable for delay arising out of this authority or the contract iability (either joint or several) include or	vs, non-performance, failure to perform, protect which occur for reasons beyond your context extend to any special or consequential loss notice on any grounds you may think fit was	ocessing errors or any other matter or the arror and under no circumstances shall your damage. This authority is terminable	our by
	(Signature of Third Party)		
	(Signature of Third Party)		
	Signature confirmed:		
		Manager	
		Branch	
Bank Copy			

Client Copy

BankLink Copy

**Processing Centre Copy**