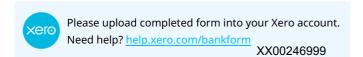
Authority to Disclose Information





The Manager:	ANZ	Bank & Branch ("the Bank")
We/I:	Vaishali Mahajan	("the Customer")
Authorise:	Xero Limited	("the Recipient Customer")
At:	m.vaishalee@gmail.com	("the Recipient Bank")
Weblink ID:		
Organisations:	Access	Your Organisation/Company Name(s)

To view Information in respect of the following accounts:

(Please indicate account number, as appropriate)

Account name			Account number	
ABC			04561087656	
ANZ		32444543543		
david			3435454656	
				("Nominated Accounts")
Future start date	As soon as possible		Or on date	

The Customer accepts and agrees the following:

- "Information" means all account balance and transaction details for Nominated Accounts, at the frequency agreed between the Data Recipient and the Data Provider. The account balance will be that at the date and time the Information is transmitted by the Data Provider.
- The Customer requests and authorises the Data Provider to release the Information to the Data Recipient as often as the Data Recipient requests the information, and as often as the Data Provider can provide it, subject to the agreement between the Data Provider and Data Recipient.
- The Information will be disclosed by electronic transmission to the Data Recipient. The Customer accepts and acknowledges that electronic services are subject to interruption or breakdown for a variety of reasons.
- The Customer acknowledges and agrees that, to the maximum extent permitted by law, that neither the Data Provider nor the Data Recipient will be liable in contract, tort (including negligence) or otherwise for any damage, loss or cost (including legal costs) to the Customer or any other person caused or arising out of any act or omission by either the Data Provider or the Data Recipient in relation to this Authority. The Customer agrees to indemnify and hold the Data Provider and Data Recipient harmless against any loss, damage, cost, expense, claim, proceeding or liability of whatever kind, other than arising from negligence or fraud by the Data Provider or the Data Recipient or any of their employees, which the Data Provider or Data Recipient may suffer or incur to any person as a result of the Data Provider or Data Recipient acting on the Customer's instructions

This Authority will continue in full force	and effect until the Data Provider r	eceives notice in writing fro	om the Customer can	celling it.
Authorised signature				
Name				
Title				
Authorised signature				
Name				
Title				
		1		
Signed for and on behalf of			Date	
Bank Use only:				
Site/CMS ID:		CIF (if appli	cable)	
User ID				
te Available :	, ,		ignature Confirmed	
RM (if applicable):			Manager Branch (please sign and affix bank/branch stamp)	
Loaded :	//	(piease sigi	i anu anix bank/branc	n stampj

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