

PC Business Banking authority to disclose other bank information



Once you have completed this form, please return to:
Bank of New Zealand, PC Business Banking Support,
PO Box 2112, Wellington.

The Bank cannot accept a facsimile of this form.
The original form must be submitted by post.

All sections of this form are compulsory.

Customer details

To the Manager, Bank/Store (the 'Bank')

I/We (the 'Customer')

Authorise (the 'Recipient Customer')

Using the following PC Business Banking ID

At Bank of New Zealand (the 'Recipient Bank') to view information in respect of the following accounts.

Nominated Accounts

Note: One form per bank is required.

National Australia Bank domestic account name

ANZ/National Bank/Westpac domestic account number(s)

Bank Branch Account number

ANZ/National Bank/Westpac domestic account name

ANZ/National Bank/Westpac domestic account number(s)

Bank Branch Account number

ANZ/National Bank/Westpac domestic account name

ANZ/National Bank/Westpac domestic account number(s)

Bank Branch Account number

ANZ/National Bank/Westpac domestic account name

ANZ/National Bank/Westpac domestic account number(s)

Bank Branch Account number

ANZ/National Bank/Westpac domestic account name

ANZ/National Bank/Westpac domestic account number(s)

Bank Branch Account number

Note

1. 'Information' means all account balance and transaction details for the nominated accounts.
2. The Customer requests and authorises the Bank to release information to the Recipient Bank for provision to the Recipient Customer.
3. The Customer acknowledges and agrees that, to the maximum extent permitted by law, neither the Bank or the Recipient Bank will be liable in contract, tort (including negligence) or otherwise for any damage, loss or costs (including legal costs) to the Customer or any other person arising out of any act or omission by the Bank or the Recipient Bank in relation to this Authority.
4. This Authority will continue in full force and effect until the Bank receives notice in writing from the Customer cancelling it.
5. Please allow 14 days for this request to be completed.

Signing Authority

Signed for and on behalf of (the 'Customer')

Signatory name

Signatory name