Third Party Instruction Authority

# File Transfer Channel

This form is to be completed by customers authorising Bank of New Zealand to accept instructions through Bank of New Zealand's File Transfer channel from an agent in relation to certain accounts held by Bank of New Zealand.

## The Customer

Please identify the Customer (the "Customer") appointing the agent to operate each account on the selected payment services below.

**Enter the full legal name of the Customer**

## The Agent

Please identify the Agent (the "Agent") authorised by the Customer to operate each account listed below through File Transfer channel.

**Enter the full legal name of the Agent**

PaySauce Ltd T/A PaySauce

Enter the 9 digit File Transfer access number the Agent will use to operate these accounts.

1 9 4 - 2 5 1 - 6 7 5

## Account details

Please list the details of each Bank of New Zealand domestic accounts the Agent is authorised to operate through File Transfer channel.

**Account number(s)**

| Bank | Branch | Account number | Suffix |
|---|---|---|---|
| 0 2 | | 0 | |

**Select the payment type(s) these accounts should be added to**

- ◯ Direct Credit
- ◯ Direct Debit
- ◯ Payroll
- ◯ Executive Payroll
- ◯ International payments

**Account number(s)**

| Bank | Branch | Account number | Suffix |
|---|---|---|---|
| 0 2 | | 0 | |

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- ◯ Direct Credit
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**Account number(s)**

| Bank | Branch | Account number | Suffix |
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**Select the payment type(s) these accounts should be added to**

- ◯ Direct Credit
- ◯ Direct Debit
- ◯ Payroll
- ◯ Executive Payroll
- ◯ International payments

## Foreign currency accounts

Please list the details of each Bank of New Zealand foreign currency account the Agent is authorised to operate through File Transfer channel.

**Foreign currency account number**

**Foreign currency account number**

**Foreign currency account number**

## Declaration

1. The Customer hereby authorises Bank of New Zealand to accept instructions through File Transfer channel from the Agent to operate each account listed above.
2. The Customer hereby authorises the Agent (in its absolute discretion) to enter into File Transfer Terms and Conditions (the "Conditions") (in whatever form the Agent agrees) so as to bind the Customer in relation to each account listed above and File Transfer channel.
3. For the avoidance of doubt the Conditions apply to each account listed above as if each account is a Nominated Account (as defined in the Conditions).
4. The Customer agrees that by signing this form the customer is bound by the Conditions in respect of each account listed above when the Agent signs the application form to enter into the Conditions.
5. This authority will continue in effect until the Bank receives a duly authorised notice of cancellation from the Customer or the Agent.
6. If there are any changes to the details on this form then a replacement form must be completed by the Customer and the Agent.
7. The Customer declares that the details outlined on this form are correct.

## Signing Authority

### Signed for and on behalf of the Customer (full legal name)

**Signatory name**

First

Last

Signature

D D M M Y Y

**Signatory name**

First

Last

Signature

D D M M Y Y

### Signed by the Agent

**Full name**

First

Last

Signature

D D M M Y Y

**Full name**

First

Last

Signature

D D M M Y Y

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