



direct credit split authority

Dnister Ukrainian Credit Co-operative Ltd

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Head Office : 912 Mt Alexander Road, Essendon Victoria 3040 (PO Box 279) Telephone (03) 9375 1222 Fax (03) 9370 5361

Hoverla Branch : 62 Ormond Street, Hindmarsh SA 5007 Telephone (08) 8346 6174 Fax (08) 8346 2262

Geelong Branch : 3/29-35 Milton Street, Bell Park Victoria 3215 Telephone (03) 5278 5950 Fax (03) 5277 9108

Perth Branch : 20 Ferguson Street, Maylands WA 6051 Telephone/Fax (08) 9271 4984

member details

Name	<input type="text"/>	Member number	<input type="text"/>
Address	<input type="text"/>	Account number	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

employer details

Employer / Supplier name	<input type="text"/>
Supplier number (if known)	<input type="text"/>

direct credit split details

Account number	Account name	Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Please note:

- These splits will stay in effect and will only be altered by your written consent.
- Employers may change their supplier numbers without notification to employees and financial institutions. As a result this will cancel established splits. Any credits that are received with a different supplier number will be automatically credited to the Everyday Access account. It is the member's responsibility to notify Dnister if this is the case.
- We strongly advise that you check your accounts on a regular basis to ensure that all payroll splits are distributed as instructed by you.

account owner / signatory - please circle

Full name	<input type="text"/>		
Signature	<input type="text"/>		
Member no.	<input type="text"/>	Dated	<input type="text"/>

account owner / signatory - please circle

Full name	<input type="text"/>		
Signature	<input type="text"/>		
Member no.	<input type="text"/>	Dated	<input type="text"/>

Please forward the **completed and signed application to Dnister** by mail or via the fax number listed. If you have any queries or require further assistance please contact our member services team.

Office use only

Processed by	<input type="text"/>	Date	<input type="text"/>	Verified by	<input type="text"/>	Date	<input type="text"/>
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