



# periodical payment 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"/>

## debit details

Debit account	<input type="text"/>	Amount	\$ <input type="text"/>
Start date	<input type="text"/>	Expiry date	<input type="text"/>
		Until further notice	<input type="checkbox"/>

## payee 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"/>

## electronic transfer details

Account number	<input type="text"/>	Account number	<input type="text"/>
Account number	<input type="text"/>	BSB number	<input type="text"/>

## frequency

<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 1/2 yearly	<input type="checkbox"/> Yearly

## declaration

I understand that the above requested periodic payment will be an automated function and that funds must be available in the account. The system will attempt to withdraw the funds as requested and if no funds are available on three consecutive days the periodic payment will automatically delete. You will need to contact Dnister if you wish to re-activate the periodical payment. To cancel a periodical payment you will also need to contact Dnister. I have read and understood the terms and conditions associated with periodical payments in Dnister's Product Disclosure Statement and agree to be bound by the contents therein.

## 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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