



# periodical payment authority

Dnister Ukrainian Credit Co-operative Ltd

ABN 59 087 651 394 | AFSL / Australian Credit Licence 240673 | BSB 704 235

Head Office : 912 Mt Alexander Road, Essendon VIC 3040 | PO Box 279 | P 1800 353 041 | F (03) 9370 5361

[www.dnister.com.au](http://www.dnister.com.au) | [admin@dnister.com.au](mailto:admin@dnister.com.au)

## 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="text"/>

## payee details

Account Name	Account Number	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 Name	<input type="text"/>	Amount	\$ <input type="text"/>
Account Number	<input type="text"/>	Reference	<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 and agree to be bound by them.

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.

## 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"/>

## 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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