



auto transfer 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 569 Essendon North 3041 | P 1800 353 041
dnister.com.au | admin@dnister.com.au

member details

Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>	Account Number	<input type="text"/>

I/we authorise the Co-operative to :

make the following payment
 amend the following payment
 cancel the following payment

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"/>

frequency

Daily
 Weekly
 Fortnightly
 Monthly
 Quarterly
 1/2 yearly
 Yearly

credit transfer to Dnister account

Account Name	<input type="text"/>	Account Number	<input type="text"/>	Amount	\$ <input type="text"/>
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credit transfer to external account (eft)

Account Name	<input type="text"/>	Amount	\$ <input type="text"/>
BSB Number	<input type="text"/>	Account No.	<input type="text"/>
		Reference	<input type="text"/>

BPAY payment

Bill Code	<input type="text"/>	Cust Ref No.	<input type="text"/>	Amount	\$ <input type="text"/>
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sweep

Retain Minimum Balance Effective From

Maintain Maximum Balance Account No. Amount \$

Transfer funds from/to account

declaration

I/we 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 funds are not available the co-operative accepts no responsibility for the failure of transfer. I/we have read and understood the terms and conditions associated with auto transfer authorities and agree to be bound by them. Please forward the completed and signed application to Dnister by mail. If you have any queries or require further assistance, please contact our member services team.

account owner / signatory - please circle

Full name

Signature

Member no. Dated

account owner / signatory - please circle

Full name

Signature

Member no. Dated

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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