



# visa debit card account access/limit change

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

## member details

My contact details have not changed and are current

Cardholder Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>	Phone (H)	<input type="text"/>
Email	<input type="text"/>	(M)	<input type="text"/>

Please maintain your current contact details with Dnister to minimise any time delay in the contact process, should there be a transaction assessed as suspicious.

## accounts

Last 4 digits of your Visa debit card	<input type="text"/>	Expiration Date (mm/yyyy)	<input type="text"/> / <input type="text"/>
(CHQ) account number to which access is given	<input type="text"/>		
(SAV) account number to which access is given	<input type="text"/>		
(CR) account number to which access is given	<input type="text"/>		

## limit details

<input type="checkbox"/> Minor \$500	<input type="checkbox"/> Standard \$1,000	<input type="checkbox"/> Extended \$3,000
<input type="checkbox"/> Super \$5,000	<input type="checkbox"/> Corporate \$10,000	<input type="checkbox"/> Executive \$20,000

## additional cardholder

My contact details have not changed and are current

Cardholder Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>	Phone (H)	<input type="text"/>
Email	<input type="text"/>	(M)	<input type="text"/>

Please maintain your current contact details with Dnister to minimise any time delay in the contact process, should there be a transaction assessed as suspicious.

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## limit details

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## declaration

I/We the undersigned hereby request Dnister Ukrainian Credit Co-operative Ltd to change accounts accessed by my/our Visa debit card(s). I/We understand that this access change could take up to 24 hours and I/we may not be able to use my/our Visa debit card(s) for this period of time. I/We further understand and agree that, after any such change in access, I/we will continue to be bound by the "Visa debit card Conditions of Use" of Dnister Ukrainian Credit Co-operative Ltd. I/We understand that I/we can obtain the latest version of the Conditions of Use from Dnister Ukrainian Credit Co-operative at any time. Please forward the **completed and signed form to Dnister** by mail. If you have any queries or require further assistance, please contact our Member Services team.

## account owner

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

## account owner / additional cardholder

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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