



visa debit card cancellation

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
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cardholder details

Member Number	<input type="text"/>	Account Number	<input type="text"/>
Last 4 digits of the Visa Debit Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date (mm/yyyy)	<input type="text"/> / <input type="text"/>
Cardholder Name	<input type="text"/>	Is this card to be cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My details have not changed and are current			
Address	<input type="text"/>		
Phone (H)	<input type="text"/>	(M)	<input type="text"/>
Email	<input type="text"/>		

additional cardholder details

Member Number	<input type="text"/>	Account Number	<input type="text"/>
Last 4 digits of the Visa Debit Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date (mm/yyyy)	<input type="text"/> / <input type="text"/>
Cardholder Name	<input type="text"/>	Is this card to be cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	<input type="text"/>		
Phone (H)	<input type="text"/>	(M)	<input type="text"/>
Email	<input type="text"/>		

card details

Is card attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, state reason:	<input type="text"/>
Is card cut in half and destroyed by cardholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of last valid transaction	<input type="text"/>	Amount \$	<input type="text"/>
Is any credit limit to be cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is account to be closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

declaration

I/We advise that I/we no longer require my/our Visa Debit Card(s) and request that you cancel it together with any instructions in regard to any credit limit. I/We understand that I/we am/are liable for any transactions made using the Visa Debit card before the card is cancelled and that I/we am/are required to adjust any overdrawn account balances due to these transactions. I will advise any merchants to cancel any direct debits that are attached to this card.

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"/>

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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