



member details

Name, Address, Member Number, Account Number input fields

I/we authorise the Co-operative to :

make the following payment, amend the following payment, cancel the following payment checkboxes

debit details

Debit Account, Start Date, Expiry Date, Amount, Until further notice input fields

frequency

Daily, Weekly, Fortnightly, Monthly, Quarterly, 1/2 yearly, Yearly checkboxes

credit transfer to Dnister account

Account Name, Account Number, Amount input fields

credit transfer to external account (eft)

Account Name, BSB Number, Account No., Reference, Amount input fields

BPAY payment

Billers Code, Cust Ref No., Amount input fields

sweep

Retain Minimum Balance, Maintain Maximum Balance, Effective From, Account No., Amount, Transfer funds from/to account input fields

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 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, Signature, Member no., Dated input fields

account owner / signatory - please circle

Full name, Signature, Member no., Dated input fields

Office use only

Processed by, Date, Verified by, Date input fields