



switch of regular payments arrangements

Dnister Ukrainian Credit Co-operative Ltd

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confidential communication

This document is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify Dnister Ukrainian Credit Co-operative on **1800 353 041** to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user.

To (name of user)

DE User ID

Note: Debit/Credit Users are required to verify (by signature comparison or other means) that this form has been properly authorised by the Customer before making any changes to the Customer's Direct Debit/Credit arrangements. Debit/Credit Users must contact the Customer if there is any doubt as to the Customer's authorisation.

member details

Name Phone

Address

new account details

New financial institution Member Number

BSB Number and Account Number -

notice of variation of account details - acknowledgement

I/We have switched financial institutions and as a result my/our account details, for the purposes of Direct Debits and Direct Credits, have changed.

I/We authorise Dnister Ukrainian Credit Co-operative to notify each Debit User and Credit User listed in the attached schedules, through its Sponsor or User FI, as the case may be, of my/our changed account details on my/our behalf.

I/We consent to Dnister Ukrainian Credit Co-operative to obtaining a Regular Payments Arrangements List from my/our previous financial institution showing regular payments to and from my/our account(s) held with this organisation described in the **Schedule** below.

I/We consent to a Regular Payments List being compiled for the account(s) described in the **Schedule**, and disclosing the list to Dnister Ukrainian Credit Co-operative.

I/We acknowledge that provision of this Notice, together with the relevant Schedule attached, to each such Debit User or Credit User will change the account details set out in my/our direct debit arrangements and direct credit arrangements with them. The other terms of my/our original Direct Debit Request and Direct Credit arrangements are not affected.

I/We instruct each such Debit User and Credit User, with immediate effect, to use the new account details provided above for my/our Direct Debits/Direct Credits.

schedule of old account details

Name of previous financial institution

| BSB and Account Number | Account Name | Account Authority(is) |
|---|----------------------|-----------------------|
| <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"/> - <input type="text"/> | <input type="text"/> | <input type="text"/> |

privacy consent

I/We acknowledge that all information provided on this form may be shared with the Old Financial Institution and each Debit User or Credit User through its Sponsor or User Financial Institution as the case may be, for the purpose of switching my/our account.

account owner

Full name

Signature

Dated

joint owner / signatory - please circle

Full name

Signature

Dated

Financial institution use only

To user institution [User FI name] Date sent