



visa debit card cancellation

Dnister Ukrainian Credit Co-operative Ltd

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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? Yes No If not, state reason: _____

Is card cut in half and destroyed by cardholder? Yes No

Date of last valid transaction Amount \$

Is any credit limit to be cancelled? Yes No Is account to be closed? Yes 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 or via the fax number listed.
If you have any queries or require further assistance, please contact our member services team.

account owner

Full name

Signature

Member no. Dated

additional cardholder

Full name

Signature

Member no. Dated

Office use only

Processed by Date Verified by Date