



APPLICATION - ELECTRONIC TRANSFER OF FUNDS

I hereby instruct Medimed Medical Scheme to electronically collect contributions and/or to deposit claims electronically from/into my bank account. I understand that transfers cannot be done to and from **credit card accounts**. I also irrevocably authorise Medimed Medical Scheme to reverse any erroneous transaction and/or to rectify any electronic transfer of funds error without prior notice. I declare that contributions due to Medimed Medical Scheme will be paid MONTHLY and in advance should I become a private member. Failure to do so will result in my membership being suspended or terminated as per the Medimed credit control policy.

Signature: Date:
PLEASE TICK (MORE THAN ONE OPTION CAN BE SELECTED)

USE THIS ACCOUNT FOR CONTRIBUTION COLLECTIONS

USE THIS ACCOUNT FOR CLAIMS & SAVINGS REFUNDS

USE THIS ACCOUNT FOR FUNERAL CONTRIBUTION COLLECTIONS

BANK ACCOUNT DETAILS:

BANK NAME
BRANCH NAME
ACCOUNT IN THE NAME OF
BANK ACCOUNT NUMBER
BRANCH CODE
TYPE OF ACCOUNT

NOTE : For a cheque account, please attach an original cancelled cheque

BANK STAMP

POSTAL ADDRESS:	PHYSICAL ADDRESS:
.....
.....
.....
TELEPHONE NUMBERS (W)	
(H)	(C)

Member Name:..... Option:

Medical Aid Number: Effective Date:

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