

## MEMBER APPLICATION FOR ELECTRONIC TRANSFER OF FUNDS

I hereby instruct Medscheme to electronically collect contributions and to deposit claim refunds via the Electropay system. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Medscheme to adjust any incorrect transactions and/or correct any electronic transfer of funds error without prior notice.

### ■ USE THIS ACCOUNT FOR CONTRIBUTION COLLECTIONS AND FOR CLAIM REFUNDS

Name of Bank		
Name of Branch (Where account is held)		
Branch Code		
Type of Account	Cheque/Current	Savings
Name of Bank Account (As it appears on Bank letter/Statement or Cancelled cheque)		
Bank Account Number		

**Note:** You may submit a stamped letter from your bank or Human Resource Department confirming the bank account details provided above. A copy of the Account Holder's ID document must accompany this application.

### ■ ACCOUNT FOR CONTRIBUTION COLLECTIONS ONLY

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### ■ USE THIS ACCOUNT FOR CLAIM REFUNDS ONLY

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Type of Account	Cheque/Current	Savings
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Signature of bank account holder \_\_\_\_\_ Print name \_\_\_\_\_

Membership number \_\_\_\_\_ I.D number \_\_\_\_\_

#### CONTACT DETAILS

Telephone no. [H] \_\_\_\_\_ Cell no. \_\_\_\_\_

Telephone no. [W] \_\_\_\_\_

E-mail address \_\_\_\_\_

Postal address \_\_\_\_\_