

MEDIPOS Debit Order Instruction Form - ACTIVE MEMBERS

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO
membership@medipos.co.za

MEMBERSHIP NUMBER							

This form should be submitted with a copy of the account holder's identity document.

1. PERSONAL MEMBERSHIP DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>
First name	<input type="text"/>	Initial	<input type="text"/>
Contact no.	<input type="text"/>	Alternate contact no.	<input type="text"/>
Email	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>

2. ACCOUNT HOLDER'S /THIRD PARTY BANKING DETAILS FOR DEBIT ORDER PURPOSES

Should you be the account holder or a third party responsible for the payment, please submit an original bank statement or stamped bank account details letter as proof of your banking details. By completing this form, the full contribution will be deducted from your bank account

Account holder's name	<input type="text"/>												
Account number	<input type="text"/>								Branch	<input type="text"/>			
Bank	<input type="text"/>								Branch Code	<input type="text"/>			
Account type	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission										
Effective date	<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"/>	

If joint account: (at least two persons who have signing powers must sign this debit order). If the account holder is the first signee, please complete the details below for the second signee.

Name and Surname	<input type="text"/>															
Identity Number	<input type="text"/>								Contact no.	<input type="text"/>						
First Signature	<input type="text"/>								Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Signature (Joint Account)	<input type="text"/>								Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you transfer your bank account at any time or if your bank details change, please advise MEDIPOS Medical Scheme immediately.

I/We hereby grant permission to MEDIPOS Medical Scheme (also known as "the Scheme") to arrange with the above-named bank or any other bank to which I might change my account, to deduct the contribution (current and/or arrears) due by me/us in terms of the rules of the MEDIPOS Medical Scheme (including any amendments that may be made during the term of my/our membership) from the above-mentioned bank account each month.)

I/We hereby authorise that the monthly contribution, as raised by the Scheme, may be withdrawn from the above-mentioned account on the 1st of every month for the (current and/arrears) month's membership contributions. This payment will represent the full monthly contribution payable to the Scheme. I understand that if I default on the payment agreement, it will result in the immediate suspension of my benefits. I further understand that I am liable for the bank charges relating to the debit order instruction. I hereby declare that the information in this form is true and correct and agree that any false declaration could render my membership with the Scheme null and void.

Signed at _____ on this the _____ day of _____, 20____