

Request to change banking details 2026



Contact us

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Who we are

MEDIPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. To avoid delays, please make sure this form is completed in full.
3. Once the form is complete, email it to bankingdetails@medipos.co.za.
4. Supporting documents required:

Account holder

- Proof of the bank account (bank statement) or letter from the bank on a bank letterhead not older than 3 months
- Copy of ID or passport

Third party (spouse, sister, mother, brother, father)

- Proof of the bank account (bank statement) or letter from the bank on a bank letterhead not older than 3 months
- Copy of ID or passport of the account holder

1. Main member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Main member's surname	<input type="text"/>
Main member's name	<input type="text"/>

2. Account to be used for contribution collections

Name of bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account number	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Account holder name	<input type="text"/>		

Account holder's residential address

Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>
Account holder email	<input type="text"/>		
Account holder telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>

As part of the Payment Association of South Africa (PASA) debit order mandate requirements, you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirements and will not be used to update the contact details we have on system. If you wish to update any contact details please visit www.medipos.co.za.

3. Account to be used for claims refunds

Use the same bank account for claims refunds

Please complete the section below if a different bank account should be used.

Name of bank

Branch name

Branch code

 - -

Account number

Type of account

Cheque

Savings

4. Debit order mandate

This signed authority and mandate refers to the application on the signed date ("the Agreement")

I, the undersigned:

- Warrant that the account information I have provided above is an account in my name and that the information furnished by me/us in this authority and mandate is true and correct.
- Authorise MEDiPOS Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by the Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application, on condition that the sum of such payment instructions will never exceed my obligations as framed in the which shall commence on the date that cover starts, as requested on the application form and shall continue until this authority and mandate is terminated by me by giving the Scheme no less than 20 ordinary working days written notice thereof, or immediately in the event that I instruct my bank to withdraw this authority and mandate.
- If the membership or change in account details is not activated in time for the debit order collection and there is an amount outstanding, MEDiPOS Medical Scheme can collect that amount in the interim. If I change the date of the debit order after activation, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day.
- Acknowledge that my bank will treat each payment instruction to pay premiums or amounts due under this agreement to MEDiPOS Medical Scheme as if each payment instruction came from me personally as the account holder.
- Undertake to advise MEDiPOS Medical Scheme in writing of any changes to my account details and acknowledge that the Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of my providing incorrect banking details herein, or if the bank account is in the name of another person or entity or as a result of my failure to notify the Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership.
- Acknowledge that although this authority and mandate may be terminated by me, such termination does not necessarily terminate this agreement. In the event of such termination, I am not entitled to any refund of any premiums or amounts due that were withdrawn by MEDiPOS Medical Scheme whilst this authority and mandate was in force, if such premiums or amounts were legally owing to the Scheme in terms of the agreement.
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.
- Acknowledgment that this authority may be assigned to a third party, if this agreement is also assigned to a third party.

Reference number

This agreement reference number: Your membership number

Abbreviated name

Abbreviated name(s) as registered with the bank: MEDIPOSCON, MEDIPOSCLA

Deduction amount: As per signed contract

Deduction date: As per signed contract

Payment start date: As per signed contract

Account holder signature

Date

Main member signature

Date