

BANKING DETAILS FOR INDIVIDUALS



PO Box 2338, Durban 4000 | Tel: 0861 000 300 | Fax: 031 580 0478 | Email: membership@mhcmf.co.za

taking care of our own

Member number	<input type="text"/>
Name and surname	<input type="text"/>
Telephone number	<input type="text"/>

Please tick		
	Yes	No
Contributions due	<input type="checkbox"/>	<input type="checkbox"/>
Refunds	<input type="checkbox"/>	<input type="checkbox"/>

TO WHOM IT MAY CONCERN

The details of my/our bank account is as follows:

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

PLEASE NOTE THAT CREDIT CARD TRANSACTIONS ARE NOT ALLOWED AGAINST YOUR MEDICAL SCHEME CONTRIBUTIONS AND REFUNDS.

I/We hereby instruct and authorise you to debit/credit amounts which may be due to/by me/us to the debit/credit of my/our account with the abovementioned bank, or any other bank to which I/we may transfer my/our account.

I/We understand that the debit/credit transfers hereby authorised will be processed by computer through a system known as ACB magnetic tape service and I/we also understand that no advice of the debit/credit will be provided by my/our bank, but details of each debit/credit will be printed on my/our statement or on any accompanying voucher.

I/We agree to pay any bank charges relating to the debit order instruction.

I/We understand that billing advices and details will be supplied in the normal way and that the debit/credit will be actioned at least 10 days after the date of statement to/from my/our account.

This authority may be cancelled by me/us by giving 30 days' written notice but I/we understand that I/we shall not be entitled to any refund amounts, which have been withdrawn while this authority was in force if such amounts were legally owing by me/us.

Signature of account holder	<input type="text"/>	Date	<input type="text"/>
			DD/MM/YYYY
Signature of principal member (mandatory)	<input type="text"/>	Date	<input type="text"/>
			DD/MM/YYYY

Please note: Your details will only be processed upon receipt of a valid copy of your identity document, together with a certified confirmation of account letter from your bank or from your banking app validating your banking details; alternatively, the bank will need to stamp this completed form.

You will receive your billing statement and details as usual and the debit order will be actioned at least 10 days after the date of statement. If, for some reason, you do not agree with the statement and do not want the debit order actioned, kindly contact us on 0861 000 300 so that alternate arrangements can be made.

Bank stamp
<input type="text"/>