CMAC
Dr. Pikkie Kok
FINANCIAL & HEALTHCARE ADVISOR

MEDSHIELD
medical scheme

CHANGE OF BANKING DETAILS

Please complete all the relevant sections of this form in BLOCK LETTERS.

Fax: 010 597 4708
Email: membership@medshield.co.za

MEMBERSHIP NUMBER

SECTION 1 TO BE COMPLETED BY THE PRINCIPAL MEMBER OF THE SCHEME

PRINCIPAL MEMBER SURNAME

PRINCIPAL MEMBER ID NUMBER

SECTION 2 TO BE COMPLETED BY ACCOUNT HOLDER

ACCOUNT HOLDER SURNAME

ACCOUNT MEMBER FULL NAME

ACCOUNT HOLDER ID. NO.

☐ Use this account for contributions collections and claims refund

☐ Use this account for contribution collections only

☐ Refunds Only

BANK NAME

BRANCH NAME

BANK BRANCH CODE

BANK ACCOUNT NUMBER

ACCOUNT HOLDER

TYPE OF ACCOUNT Current | Trasmission | Savings

SECTION 3 REQUIRED DOCUMENTS

In order to change your bank details, the following documents need to accompany this form.

- Copy of the account holders ID.
- Copy of a stamped bank statement or a stamped letter from bank in the name of the account holder.
- Copy of cancelled cheque in the name of the account holder.
- If bank details are in the name of the Organisation/Company a Signed Letter of Authority on company letterhead must accompany this form.

I _____ (account holders full name) the undersigned, declare that:

a) I understand that Medshield will rely upon the facts set out herein for the accurate loading of bank details. I understand and accept that should and details contained herein prove to be incorrect, or should i fail to inform Medshield of any subsequent change to the bank details, Medshield will not be held responsible.

b) I am the account holder of the bank details provided and i hearby authorise Medshield to electronically collect monthly contributions and/or pay refunds to the above bank via the Elektropay system using the information provided. Medshield will not be held responsible.

c) I also irrevocably authorise Medshield to reverse any erroneous transaction and/or rectify any electronic transfer of funds error without proir notice.

Date: D D M M Y Y Y Y

Principal Member Signature

Account Holder Signature