MEDSHIELD
medical scheme

CHANGE OF BANKING DETAILS

Email: membership@medshield.co.za

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

Membership Number:

SECTION A — TO BE COMPLETED BY THE PRINCIPAL MEMBER OF THE SCHEME

Principal Member Name:

Principal Member Surname:

Principal Member ID Number:

SECTION B — SECTION 2 TO BE COMPLETED BY ACCOUNT HOLDER

Account Holder Name:

Account Holder Surname:

Account Holder ID Number:

Mark relevant box with an X:

Use this account for: **Contributions only** ☐ **Contributions and Claim Refunds** ☐ **Refunds Only** ☐

Bank Name:

Branch Name:

Branch Code:

Type of Account: (Mark with an X) Current ☐ Transmission ☐ Savings ☐

Bank Account Number:

SECTION C — REQUIRED DOCUMENTS

In order to change your bank details, please provide the below documents for verification purposes:

- Copy of the account holder's ID.
- Copy of a stamped bank statement (not older than 3 months) or a stamped confirmation letter from the bank in the name of the account holder.

If the bank details are in the name of the Company a Signed Letter of Authority on a company letterhead must accompany this form.

I _____ (account holder's full name) the undersigned, declare that: 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 any 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. I also agree that 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 and Medshield will not be held responsible. I also irrevocably authorise Medshield to reverse any erroneous transaction and/or rectify any electronic transfer of funds error without prior notice.

I hereby authorise Medshield Medical Scheme, or any of its nominated representatives, to verify the bank details as stipulated on this form. ☐

Date:

_____ Principal Member Signature:

_____ Account Holder Signature: