

DEBT ORDER/CLAIM REFUND BANKING DETAIL FORM

Important Notes:

Complete this form to submit banking details, together with the following documents:

- A cancelled cheque,
- Or a signed letter from the bank confirming the bank details with a bank stamp (not older than 3 months),
- Or a bank statement
- If the bank account is in another person's name, then the account holder should also sign this form, giving the Scheme permission to deduct the contributions from his/her account with a copy of the account holder's ID document.

Please email the completed form to membership@suremedhealth.co.za or fax to (041) 3954588.

Member Name	<input type="text"/>
Membership Number	<input type="text"/>
Telephone Number	<input type="text"/>
Email address	<input type="text"/>

(Please do not provide credit card details. Momentum TYB is not allowed to record your credit card details)

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

<input type="checkbox"/>	I hereby instruct and authorise Momentum TYB to debit my account for MEDICAL CONTRIBUTIONS
<input type="checkbox"/>	I hereby instruct and authorise Momentum TYB to use this account for all CLAIM REFUNDS

- This authority may be cancelled by me/us by giving 30 days written notice.
- I understand that Momentum TYB will not be held responsible if notification of change in banking details is not provided in the above specified time.
- The authorised person hereby confirms that all details supplied on this form are correct.
- The Scheme or Administrator will not accept liability for any payment made into the incorrect bank account.

Account Holder Signature

Date

Principal Member Signature

Date