Member Application for Electronic Transfer of Funds



Email: polmedmembership@medscheme.co.za Fax: 0861 888 110

I hereby instruct Medscheme to electronically collect contributions and to deposit claim refunds via the Electropay system. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Medscheme to adjust any incorrect transactions and/or correct any electronic transfer of funds error without prior notice.

Personal Men	nbership Details		
Membership Number			
Initials	Rank/Title (Mr, Mrs, Miss) ID Number		
Surname			
First Name (in full)			
Contact Detai	ls .		
Telephone (Home)	Cellphone		
Telephone (Work)	Fax		
Email Address			
Postal Address	Code		
Physical Address	Code		
Use this Acco	unt for Contribution Collections and Claim Refunds		
Name of Bank			
Name of Branch			
Branch Number			
Type of Account	Cheque/Current Savings Transmission		
Name of Bank Account Holder			
Bank Account Number			

NOTE: For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternaitvely, you may submit a stamped letter from your bank confirming the bank account details provided above. A copy of the account holder's ID must accompany this application.

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Use this Account for Contribution Collections Only

Name of Bank					
Name of Branch					
Branch Number					
Type of Account	Cheque/Current	Savings	Transmission		
Name of Bank Account Holder					
Bank Account Numbe					
NOTE: For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternaitvely, you may submit a stamped letter from your bank confirming the bank account details provided above. A copy of the account holder's ID must accompany this application.					
Use this Acco	unt for Claim Refunds	Only			
Name of Bank					
Name of Branch					
Branch Number					
Type of Account	Cheque/Current	Savings	Transmission		
Name of Bank Account Holder					
Bank Account Numbe					
NOTE: For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternaitvely, you may submit a stamped letter from your bank confirming the bank account details provided above. A copy of the account holder's ID must accompany this application.					
Signature of Applicant			Date DDMMYYYY		