



# 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 Membership Details

Membership Number

Initials \_\_\_\_\_ Rank/Title (Mr, Mrs, Miss) \_\_\_\_\_ ID Number

Surname \_\_\_\_\_

First Name (in full) \_\_\_\_\_

## Contact Details

Telephone (Home) \_\_\_\_\_ Cellphone \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Postal Address \_\_\_\_\_ Code \_\_\_\_\_

Physical Address \_\_\_\_\_ Code \_\_\_\_\_

## Use this Account 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. Alternatively, 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.

# Member Application for Electronic Transfer of Funds

## 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 Number

**NOTE:** For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternatively, 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 Account 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 Number

**NOTE:** For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternatively, 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