



# Nampak SA Medical Scheme

Administered by: Momentum Medical Scheme Administrators, P O Box 2338, DURBAN 4000,  
Tel: 0860 101047, Fax: 031-580 0480

## DEBIT / CREDIT ORDER INSTRUCTION

MEMBER NAME:

MEMBER NUMBER:

TELEPHONE NUMBER:

PLEASE TICK		
	Yes / No	
Direct debit	<input type="checkbox"/>	<input type="checkbox"/>
Direct credit	<input type="checkbox"/>	<input type="checkbox"/>

Dear Sirs,  
The details of my/our bank account are as follows:

1. BANK:

2. BRANCH NAME & TOWN:

3. BRANCH NUMBER:

4. ACCOUNT NUMBER:

5. TYPE OF ACCOUNT (Please tick the appropriate box): 1. CURRENT  2. SAVINGS  3. TRANSMISSION

I/We hereby instruct and authorise you to debit/credit amounts which may be due to/by me/us to the debit/credit of my/our account with the abovementioned bank, or any other bank to which I/We may transfer my/our account.

I/We understand that the debit/credit transfers hereby authorised will be processed by computer through a system known as ACB Magnetic Tape Service and I/we also understand that no advice of the debit/credit will be provided by my/our bank, but details of each debit/credit will be printed on my/our statement or on any accompanying voucher.

I/We agree to pay any bank charges relating to the debit order instruction.

I/We understand that Billing advices and details will be supplied in the normal way and that the debit/credit will be actioned at least ten days after the date of Statement to/from my/our account.

This authority may be cancelled by me/us by giving thirty days written notice, sent by prepaid registered post, but I/we understand the I/we shall not be entitled to any refund amounts which have been withdrawn while this authority was in force if such amounts were legally owing by me/us.

NAME OF ACCOUNT HOLDER:

DATE:

SIGNATURE OF ACCOUNT HOLDER: \_\_\_\_\_

DATE:

SIGNATURE OF PRINCIPAL MEMBER (MANDATORY): \_\_\_\_\_

DATE:

SIGNATURE AND STAMP OF GROUP / EMPLOYER (WHERE APPLICABLE): \_\_\_\_\_

DATE:

**NB: Changes to your banking details will only be processed upon receipt of a certified copy of your identity document attached to this application.**

You will receive your Billing statement and details as usual and the debit order will be actioned at least ten days after the date of statement. If for some reason you do not agree with the statement and do not want the Debit Order actioned, kindly telephone us so that alternate arrangements can be made - Credit Control (031) 573 4000.

GROUP STAMP