Nampak SA Medical Scheme

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

DIRECT ELECTRONIC PAYMENT FORM

MEMBER NAME: _____

MEMBER NUMBER: _____

TELEPHONE NUMBER: _____

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** **CURRENT** ☐ **SAVINGS** ☐ **TRANSMISSION** ☐

I hereby instruct and authorise you to pay amounts which may be due to me to the credit of my account with the abovementioned bank, or any other bank to which I may transfer my account.

I understand that the Direct Payment Orders hereby authorised will be processed by computer through a system known as ACB Magnetic Tape Service and I also understand that no advice of the Direct Payment will be provided by my bank, but details of each payment will be printed on my statement or on any accompanying voucher.

This authority may be cancelled by me by giving thirty days written notice, sent by prepaid registered post.

post.

NAME OF ACCOUNT HOLDER: _____

SIGNED AT: _____ **THIS** _____ **DAY OF** _____ _____ **2**_____

_____

SIGNATURE AS USED FOR SIGNING CHEQUES

WHERE APPLICABLE PLEASE ATTACH A CANCELLED CHEQUE TO ENSURE ACCURACY.