

TopMed Medical Scheme PO Box 1462, Durban, 4000 Client Services: 0860 00 21 58 Website: www.topmed.co.za

## **DEBIT / CREDIT ORDER INSTRUCTION**

Member Name																											
Member/Group Number										] [[	Number																
Telephone Number																											
Postal Address																											
																					Po	stal C	ode				
																					_						
TO WHOM IT MAY CONCERN																			D	ebit		Cre					
The details of my/our bank account is/are as follows:																											
Name of Account Holder																											
Name of Bank																											
Branch Name																В	ranc	h Co	de								
Account Number																				Ī							
Account Type	Current					Savings						Transmission															
PLEASE NOTE THAT CREDIT	I CAR	ו ט	KANS	ACII	ONS	AKE	NOI	ALLC	JWEL	AG	AINS	I YC	UK IV	IEDIC	AL A	AID C	ONI	KIBU	HON	S AI	ND RE	FUN	DS.				
I/We hereby instruct and a abovementioned bank, or a														me/	us to	the	debit	:/cre	dit of	my,	our a	ccou	nt wi	th th	е		
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.															late												
This authority may be cancelled by me/us by giving thirty days written notice, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund amounts which have been withdrawn while this authority was in force if such amounts were legally owing by me/us.															е												
SIGNATURE OF ACCOUNT HOLDER (MANDATORY)																		D	ATE	D	D	M	M	Υ	Υ	Υ	Υ
SIGNATURE OF PRINCIPAL (MANDATORY)	IATURE OF PRINCIPAL MEMBER IDATORY)																	D	ATE	D	D	M	M	Υ	Υ	Υ	Υ
SIGNATURE OF GROUP / EI (WHERE APPLICABLE)	GNATURE OF GROUP / EMPLOYER /HERE APPLICABLE)																	D	ATE	D	D	M	M	Υ	Υ	Υ	Υ
SIGNATURE OF BROKER / II (WHERE APPLICABLE)													D/	ATE	D	D	M	M	Υ	Υ	Υ	Υ					

PLEASE NOTE: Changes to your banking details will only be processed upon receipt of a valid copy of your

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 on **0860 00 21 58** so that alternate arrangements can be made.

identity document attached to this application.

GROUP STAMP