

# Permission to change banking details

This is a form to change banking details



## Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton 2146, [www.discovery.co.za](http://www.discovery.co.za)

### What you must do

**Step 1:** Fill in the form.

**Step 2:** Sign the application form.

**Step 3:** If your request is submitted by a third party, we require the same supporting documents as for claims payments.

**Step 4:** If you want to change your claims payment details, submit the following with this form:

- Copy of ID (of the main member and the accountholder)
- Bank statement/letter of confirmation from the bank (not older than 3 months).

**When you sign this application, you confirm that the information provided is true and correct.**

Alternatively, you can update your claims payment details by visiting [www.discovery.co.za](http://www.discovery.co.za)

## How to complete this form

- Please use one letter for each block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Once it is complete, please fax the form to **011 539 2766** or email it to [healthinfo@discovery.co.za](mailto:healthinfo@discovery.co.za)

## 1. What would you like to change?

Debit order details  Claim payment details  Both

## 2. Main member details

Membership number

ID number

## 3. New account details for Debit Orders

When should we start using the new banking details?   <sup>Y</sup> <sup>Y</sup> <sup>M</sup> <sup>M</sup> <sup>D</sup> <sup>D</sup>

Please note that we cannot accept credit card details.

Accountholder

Bank

Account number

Type of account Cheque  Savings

Branch number  -  -  -  Branch name

## 4. New account details for Claims Payments

When should we start using the new banking details?   <sup>Y</sup> <sup>Y</sup> <sup>M</sup> <sup>M</sup> <sup>D</sup> <sup>D</sup>

As per debit order details

Please note that we cannot accept credit card details.

Accountholder

Bank

Account number  Branch number  -  -  -

Type of account Cheque  Savings

Branch name

#### 4. New account details (continued)

Your banking details will only be changed if:

- 1. All the relevant fields on this request form have been filled in.
- 2. The request has been signed by the main member
- 3. Documentation required in step 3 and 4 of "What you must do" accompanies this form.

I, \_\_\_\_\_ (first and last name), as the main member,  
 give Discovery Health permission to change my banking details.

Signed at (town or city)  on  2 0   Y Y   M M   D D

Signature of main member

Signature of accountholder

If the accountholder differs from the main member, the Scheme and the administrator reserve the right to obtain bank confirmation.