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 ID Number

Telephone Number

Postal Address

Postal Code

TO WHOM IT MAY CONCERN

Debit ☐ Credit ☐

The details of my/our bank account is/are as follows:

Name of Account Holder

Name of Bank

Branch Name Branch Code

Account Number

Account Type	Current ☐	Savings ☐	Transmission ☐
Montly Debit Order On	1st of the month ☐	20th of the month ☐	26th of the month ☐

PLEASE NOTE THAT CREDIT CARD TRANSACTIONS ARE NOT ALLOWED AGAINST YOUR MEDICAL AID CONTRIBUTIONS AND REFUNDS.

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thirty days written notice, but I/we understand that I/we shall not be entitled to any refund amounts which have been withdrawn while this authority was in force if such amounts were legally owing by me/us.

SIGNATURE OF ACCOUNT HOLDER (MANDATORY) _____ DATE D D M M Y Y Y Y

SIGNATURE OF PRINCIPAL MEMBER (MANDATORY) _____ DATE D D M M Y Y Y Y

SIGNATURE OF GROUP / EMPLOYER (WHERE APPLICABLE) _____ DATE D D M M Y Y Y Y

SIGNATURE OF BROKER / INTERMEDIARY (WHERE APPLICABLE) _____ DATE D D M M Y Y Y Y

PLEASE NOTE: Changes to your banking details will only be processed upon receipt of a valid 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 on **0860 00 21 58** so that alternate arrangements can be made.

GROUP STAMP