



MEDICAL SCHEME

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ALL MEMBERS

Dear Member

ELECTRONIC FUNDS TRANSFER (EFT) FOR REFUNDS

Due to the increase in problems relating to cheque payments, we would like to invite you to make use of our Electronic Funds Transfer (EFT) service. Benefits are numerous, e.g. you receive refunds earlier, and payments are made directly into your bank account, thus enhancing your cash flow and eliminating the hassle of bank deposits.

To enable us to effect EFT payment/s to you, kindly complete the details below, and mail or fax to: Genesis Medical Scheme, PO Box 5467, Cape Town, 8000.

Form with input fields for: First Name, Surname, Member Number, E-mail Address, Cell Number, Name of Account Holder, Name of Bank/Building Society, Branch, Branch Code, Account Number.

Type of Account: (please tick) Transmission, Current, Savings, Other

I, confirm that the above details of my beneficiary bank account are true and correct.
I, the undersigned, will not hold GENESIS MEDICAL SCHEME responsible for any loss, damage or liability which may arise out of the furnishing of incorrect information by me and I undertake to indemnify GENESIS MEDICAL SCHEME in respect of any claim, loss or damages that may be instituted against GENESIS MEDICAL SCHEME arising from the furnishing of incorrect information.

I personally undertake to advise GENESIS MEDICAL SCHEME of any changes, which may occur in the Bank/Building Society information shown above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Yours faithfully