genesis
MEDICAL SCHEME

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ALL MEMBERS

Dear Member

DEBIT ORDER

ARE YOUR BANK DETAILS FOR YOUR DEBIT ORDER DEDUCTION AND THE ACCOUNT FOR CLAIM PAYMENTS THE SAME? IF "NO" PLEASE REQUEST AN EFT FORM:

Y	N

First Name:

Surname:

Member Number:

ID Number/Company Reg:

Cell Number:

Name of Account Holder:
ie surname, first name & other initials or company name

Name of Bank/Building Society:

Branch:

Branch Code:

Account Number:

Type of Account: (please tick)

Transmission		**Current**		**Savings**		**Other**	

I/We, the undersigned, authorise and request GENESIS MEDICAL SCHEME to draw against my/our account (wherever it may be conducted) In accordance with its DEBIT ORDER SYSTEM which is operated in conjunction with the Banks/Building Societies and I/we authorise the Bank/Building Society (whichever one it is or will be) to pay and debit my/our account with all such debits as if each one had been signed by me/us personally.

This request is to apply to any amounts which may be due in terms of the contract. I/We understand that my/our account will be debited on or about the 1st of the month.

I/We understand that either I/we or GENESIS MEDICAL SCHEME can terminate this request by written notification to the other party at any time, but that the termination will have no effect on withdrawals already made by the Bank/Building Society and credited to GENESIS MEDICAL SCHEME.

I/We further understand and undertake that GENESIS MEDICAL SCHEME will receive all payments, in terms of this request, without prejudice to its rights.

Should the Bank/Building Society for any reason reclaim from GENESIS MEDICAL SCHEME any amounts paid in terms of this request. I/We undertake to refund such amounts to GENESIS MEDICAL SCHEME.

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

SIGNATURE: _____ **DATE:** _____

If a company is the payer, the full name of the company must be shown and the authorised person must sign indicating his capacity.