

## ELECTRONIC FUNDS TRANSFER (EFT) FOR REFUNDS

To enable Genesis Medical Scheme ("the Scheme") to activate EFT payment/s to you, kindly complete the details below and **email** the completed form to [genesis@genesismedical.co.za](mailto:genesis@genesismedical.co.za).

First Name:

Surname:

Membership Number:

Email Address:

Cell Number:

Name of Account Holder:  
*(i.e. first name and other initials and surname, or company name)*

Name of Bank:

Branch Code:

Account Number:

Type of Account *(please tick)*:  Current / Cheque  Savings  Other

I, confirm that the above details of my beneficiary bank account are true and correct.

I, the undersigned, will not hold the 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 the Scheme in respect of any claim, loss or damages that may be instituted against the Scheme arising from the furnishing of incorrect information.

I personally undertake to advise the Scheme of any changes, which may occur in the Bank information shown above.

Signature:

Date: