genesis
MEDICAL SCHEME

DEBIT ORDER FORM

Are your bank details for your debit order deduction and the account for claim reimbursements the same? Y N
If no, please request an EFT form.

First Name:

Surname:

Email Address:

Membership Number:

ID. Number / Company Reg. Number:

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, by virtue of my signature that appears above, hereby authorise and request GENESIS MEDICAL SCHEME ("Genesis") to draw against my account (wherever it may be conducted) in accordance with its Debit Order System which is operated in conjunction with the Financial Institution and I authorise the Financial Institution to pay and debit my account with all such debts as if each one had been signed by me personally. This request applies to all amounts that may be due by me to Genesis in terms of the Rules of Genesis. I understand that either I or Genesis 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 Financial Institution and credited to Genesis. I further understand and undertake that Genesis will receive all payments, in terms of this request, without prejudice to its rights. Should the Financial Institution for any reason reclaim from Genesis any amounts paid in terms of this request, I undertake to refund such amounts to Genesis immediately upon demand. I personally undertake to advise Genesis of any changes which occur in the Financial Institution information shown above. In circumstances where I completed this application form electronically and am consequently unable to physically append my signature hereunder. After the first contribution paid by me, Genesis may collect all further amounts owing by me by way of debit order.

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/her capacity.