SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

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2198

DEBIT ORDER INSTRUCTION

PLEASE PRINT IN CAPITAL LETTERS. USE A BLACK PEN ONLY. PLEASE MARK APPROPRIATE CHOICE USING A CROSS (x)

Title		Initials	
Surname			
First Name (s)			
ID No.			
Membership No.			

PAYMENT DETAILS: BANKING DETAILS FOR DEDUCTION OF MONTHLY CONTRIBUTION

Account holder							
Account number		Account type (please mark appropriate)	Current		Transmission		Savings
Name of bank							
Branch							
Branch code							
Debit order run date							

I authorise Sizwe Hosmed to draw from my bank account (wherever it may be), the contribution and members portion of claims due in terms of the Rules of Hosmed, without prejudice to the rights of Sizwe Hosmed. I further authorise Hosmed to increase the amounts due, in terms of the rules, and authorise my bank to effect payment of such increased amounts upon receipt of a written notice from Sizwe Hosmed stating the increased amount and the date from which it is payable. This authorisation is to remain in effect until I cancel it by giving written notice to Sizwe Hosmed. I agree that I am not entitled to recover any amount drawn from my account by means of this debit order and that should my bank repay such amount to me, I will refund it immediately to Sizwe Hosmed. I undertake to notify Sizwe Hosmed immediately of any change in respect of my details. I acknowledge that Sizwe Hosmed may not cede or assign any of their right to any third party without my prior consent and that I may not delegate any of my obligations in terms of the contract to any third party without prior written consent of the authorised party. Hosmed is hereby authorised to debit by bank account with my portion of accounts paid on my behalf by Sizwe Hosmed.

Signature of bank account holder

Date

Please attach the following:
- Proof of banking (a bank statement, or a bank-stamped letter, or a cancelled cheque)
- A copy of the bank account holder's ID