



Real Heritage. Real People. Real Health Care.

c/o Trematon & Lascelles Streets, Athlone.

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DEBIT ORDER FORM: PENSIONERS

PM019

PLEASE USE BLACK OR BLUE INK WHEN COMPLETING THIS FORM. WHERE APPROPRIATE MARK YOUR SELECTION WITH AN "X"

A. PERSONAL PARTICULARS – COMPLETE BLOCKS FROM LEFT TO RIGHT, ONE LETTER PER BLOCK

Title (Dr, Mr, Mrs or Miss)	<input type="text"/>	Initials	<input type="text"/>	Membership number	<input type="text"/>
Surname	<input type="text"/>				
First name(s)	<input type="text"/>				
Date of birth	<input type="text"/>	Identity/passport number	<input type="text"/>		
Postal address	<input type="text"/>				Postal code <input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>	Cellphone	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>				

B. BANKING DETAILS

For efficient and safer refunds, please completed the section below with all your banking details. Please note, credit card accounts do not qualify.

Name of bank	<input type="text"/>	
Branch	<input type="text"/>	Branch code <input type="text"/>
Account in name of	<input type="text"/>	
Account number	<input type="text"/>	
Type of Account	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Other (confirm) _____	
Maximum Deduction	<input type="text"/>	

I hereby authorise SAMWUMED to debit my bank account by no later than the last day of each month with the amount payable for the respective month. I authorise the debit of all amounts due (including any arrears amounts due) up to and not exceeding the maximum amount indicated above. Failure to specify a limit gives SAMWUMED authority to deduct the total amount due.

I authorise SAMWUMED to periodically adjust this maximum deduction by any % increase as approved by the Board of Trustees. I understand that the debit hereby authorised will be reflected on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this debit order instruction including any charges incurred as a result of this debit order being dishonoured by my bank.

This debit order may be revoked by me giving SAMWUMED thirty days' notice in writing. All payments received in terms of this authorisation will be accepted by SAMWUMED without prejudice to its rights.

Signed at _____ on this _____ day of _____

Signature _____

PLEASE ATTACH A CANCELLED CHEQUE OR A TRANSACTION RECORD OF YOUR SAVINGS/TRANSMISSION ACCOUNT
PLEASE KEEP A COPY FOR YOUR RECORDS AND RETURN COMPLETED FORM TO THE PREMIUMS MANAGEMENT DEPARTMENT