



BANK MANDATE

INSTRUCTION TO DIRECT DEBIT BANK ACCOUNT IN RESPECT OF MONTHLY CONTRIBUTION

To be completed by:

- members of the Society, who are also members of the BPSA Provident Fund, who have elected to retire
- members of the Society who are no longer employed by BPSA (for whatever reason) and who, in terms of the rules of the Society, qualify to retain their membership of the Society.

I have elected, in terms of the rules of the Society, to retain my membership of the Society and I hereby request that my monthly medical aid contributions be deducted from my bank account by means of a direct debit order. I will inform the BP Medical Aid Society in writing should my personal details change. I understand that should the direct debit order be returned as unpaid more than three times, my medical aid membership will be terminated immediately.

Please submit the completed and signed form via email to bpmembership@mhg.co.za.

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.

PERSONAL DETAILS

First name and surname	<input type="text"/>		
Staff number	<input type="text"/>		
Retirement date/Exit date	<input type="text"/>	(DD/MM/YYYY)	
Postal/Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Contact number (home)	<input type="text"/>	(work)	<input type="text"/>
Cell phone number	<input type="text"/>		
Email address	<input type="text"/>		

BANKING DETAILS (FIRST NATIONAL BANK SAVINGS ACCOUNTS CANNOT BE DIRECTLY DEBITED)

Name of bank	<input type="text"/>		
Address of bank	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Branch code (six-digit code)	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission

Signature

Date

DD/MM/YYYY