



BANKING DETAILS FORM

This form is used to collect or update banking information for payment or debit purposes.

Please complete all sections clearly and accurately.

MEMBER INFORMATION

Full Name:

Membership Number:

ID/passport number:

Contact Number:

Email address:

BANKING DETAILS

(Do not submit credit card information. The Scheme Administrator is not authorised to collect or retain such details.)

Account Holder Name:

Bank Name:

Branch Code:

Account Number:

Account Type: Current/Cheque

Savings

Transmission

Specify your choices by ticking the relevant boxes.

I hereby instruct and authorise the Scheme and it's Administrators to debit my account for **MEDICAL CONTRIBUTIONS**.

I hereby instruct and authorise the Scheme and it's Administrators to use this account for all **CLAIM REFUNDS**.

Please attach the following supporting documents:

- Copy of the account holder's ID
- Proof of banking details (e.g., bank statement or confirmation letter with stamp)

Please submit the completed form and supporting documents to: **membership@bpmas.co.za**

- I hereby confirm that the above banking details are correct.
- I hereby authorise the Scheme and it's Administrators to use this information for the purpose of processing payments or debits as indicated.
- I understand that this authority may be cancelled by me/us by giving 30 days written notice.
- I understand that the Scheme and it's Administrators will not be held responsible if notification of change in banking details is not provided in the above specified time.
- I understand that the or Administrator will not accept liability for any payment made into the incorrect bank account.
- If the account is held in the name of another individual, the account holder must sign below to grant permission for deductions and provide a copy of their ID.

Member signature

Account holder's signature

Date

Date