hosmed +
medical scheme   care for life
Established
IN 1988

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 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 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 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 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 Hosmed. I undertake to notify Hosmed immediately of any change in respect of my details. I acknowledge that 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 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