DEBIT ORDER AUTHORISATION

REQUEST TO ARRANGE PAYMENT OF MEDICAL AID CONTRIBUTIONS BY DEBIT ORDER.

PLEASE COMPLETE IN BLOCK LETTERS.

It is imperative that all sections of this form be completed in full. Failing to do so will cause a delay in the processing of the request, as the incomplete form will be returned to the applicant.

Once the form has been completed, it should be returned to membership@imperialmotusmed.co.za. You may also fax it to 0860 111 788 or post it to PO Box 2287, Bellville 7535.

If you require assistance in completing this form, please call 0860 467 374.

1. MEMBER INFORMATION

Member number

Title

Surname

First name(s)

Initials

Identity/Passport number

Telephone numbers

Work

Home

Fax

Cell number

Email address

Postal address

Code

2. BANKING DETAILS

Please attach a copy of your ID and a bank statement or a stamped letter from your bank (not older than three months).

Name of account holder

Account number

Name of bank

Branch name

Eight-digit branch code

Account type ☐ Current ☐ Savings ☐ Transmission ☐ Cheque

Contribution amount R

Date of first deduction _____ (1st of the month)

DD/MM/YYYY

MEMBER NUMBER

3. DECLARATION

I authorise Imperial Motus Med to draw from my bank/building society account (wherever it may be), the premiums (and any short payments or claims debt) due in terms of the rules of the Scheme, without prejudice to the rights of Imperial Motus Med.

I further authorise Imperial Motus Med to increase the amounts due to the Scheme in terms of the rules of the Scheme from time to time and authorise my bank/building society to effect payments of such increased amount upon receipt of a written notice from Imperial Motus Med stating the increased amount and the date from which it is payable.

This authorisation is to remain in force until I cancel it by giving written notice to Imperial Motus Med, as required in terms of the rules.

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/building society repay such amount to me, I will refund it immediately to Imperial Motus Med.

I undertake to notify Imperial Motus Med immediately of any change in respect of my address or bank/building society. I acknowledge that the party hereby authorised to effect drawing(s) against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Name of account holder

Signature of account holder

Date

DD/MM/YYYY