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 32759, Braamfontein 2017.

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

1. MEMBER INFOR	RMATI	ON																										
Member number											(if	you a	are a	n ex	kisitn	ıg m	emb	er)					Ti	tle				
Surname		I																										
First name(s)																							Initi	als				
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Email address		\mathbb{L}																										
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2. BANK DETAILS																												
Please attach a copy of you	ır ID and	d a b	ank :	state	men	t or a	a sta	mpe	ed let	tter f	rom	voui	r bar	ık (n	ot o	lder	thar	n thre	ee m	onth	ns).							
Name of account holder												,		`														
Account number		t																										
Name of bank		Ť																										
Branch name		T																										
Eight-digit branch code		Ŧ																										
Account type	Cı	ırren	t		Savii	ngs		, 	rans	miss	ion			heq	ue													
Contribution amount	R										Date	e of f	irst o	ledu	ıctioı	n (1s	t of	the i	mon	th)	D	D	M	М	Υ	Υ	Υ	Υ

Date

MEMBERSHIP NUMBER								
3. DECLARATION								
I authorise Imperial Motus Med to d debt) due in terms of the rules of th			•	_				
I further authorise Imperial Motus M my bank/building society to effect p amount and the date from which it	payments o	of such i						
This authorisation is to remain in for	ce until I c	ancel it	by giv	ving v	vritte	en n	otice	to Im
I agree that I am not entitled to recorepay such amount to me, I will refu								•
I undertake to notify Imperial Motus hereby authorised to effect drawing(that I may not delegate any of my o	(s) against	my acco	ount m	nay no	ot ce	de o	r ass	ign ar

Signature of account holder

Name of account holder