Please fax completed applications to 021 7978856 or email it to enquiries@classmed.co.za

DIRECT PAYING MEMBER: DEBIT ORDER FORM

SIZWE MEDICAL FUND
Your health in caring hands

SECTION 1 PERSONAL DETAILS

Name: _____ Surname: _____

Membership number: | | | | | | | | | | | | | |

ID number: | | | | | | | | | | | | | Email: _____

Postal address: _____ Postal code: _____

Physical address: _____ Postal code: _____

Telephone: ( ) _____

SECTION 2 INCOME DECLARATION

I hereby declare that my monthly income is R _____ per month.

(SUBSTANTIATING PROOF OF INCOME MUST BE ATTACHED)

SECTION 3 BANKING DETAILS

Bank: _____

Branch: _____ Branch code: _____

Type of account: ☐ Current ☐ Savings ☐ Transmission

Account number: _____

(PLEASE SUBMIT AN ORIGINAL CANCELLED CHEQUE OR AN ORIGINAL BANK STATEMENT AS PROOF OF YOUR BANKING DETAILS)

SECTION 4 DEBIT ORDER DETAILS

Date of first debit order payment: D D / M M / Y Y Y Y

I hereby authorise that the monthly contribution, as raised by the Sizwe Medical Fund, may be withdrawn from the above-mentioned account on the 1st of every month for the current month's membership contributions.

DEBIT DATE: 1ST ☐ 15TH ☐ 25TH ☐ 31ST ☐

1. (MSP/SIZWE membership number) will be reflected on members bank statement upon each debit (whether successful or not).
2. I have an obligation to ensure that my monthly premiums are received by you (Sizwe), on agreed date, as be granting on this debit order authority.
3. that my account will be debited on the date specified above, should it be unsuccessful my account could be double debited the following month.
4. this authority shall continue in full force and effect until cancelled by me. I understand that I shall not be entitled to any refund of any amount which you have withdrawn while this authority was in full force unless I can prove that any such amounts were not legally owed to you. Receipt of this instruction by you shall be regarded as a receipt thereof by our bank.

Member's signature: _____ Date: D D / M M / Y Y Y Y

Account holder signature: _____ Date: D D / M M / Y Y Y Y