

PERMISSION TO CHANGE BANKING DETAILS FOR THE PAYMENT OF CLAIMS

Please fax your completed form to 011 539 2766.

I, _____, the undersigned, hereby give Discovery Health permission to change my banking details.

PREVIOUS ACCOUNT DETAILS

Accountholder

Bank

Type of account

Branch number

NEW ACCOUNT DETAILS

Please note we cannot accept credit card account details

Accountholder

Bank

Type of account

Branch number

Branch name

Account number (see below)

Please circle the relevant blocks and print your account number in the last row

0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

Please note that this request to change your banking details applies to the payment of claims only and not to debit orders.

Your banking details will only be changed if:

1. All the information you have supplied on this form corresponds with the information currently on Discovery Health's system and
2. The request has been signed by the principal member.

Signed at _____ on

Y	Y	Y	Y	M	M	D	D
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Principal member _____

Membership number _____

Contact number _____

ID number _____

Signature _____