

Permission to change banking details

This is a form to change banking details



Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton 2146, www.discovery.co.za

What you must do

Step 1: Fill in the form.

Step 2: Sign the application form.

Step 3: If your request is submitted by a third party, we require the same supporting documents as for claims payments.

Step 4: If you want to change your claims payment details, submit the following with this form:

- Copy of ID (of the main member and the accountholder)
- Bank statement/letter of confirmation from the bank (not older than 3 months).

When you sign this application, you confirm that the information provided is true and correct.

Alternatively, you can update your claims payment details by visiting www.discovery.co.za

How to complete this form

- Please use one letter for each block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Once it is complete, please fax the form to **011 539 2766** or email it to **healthinfo@discovery.co.za**

1. What would you like to change?

Debit order details Claim payment details Both

2. Main member details

Membership number

ID number

3. New account details for Debit Orders

When should we start using the new banking details? ^Y ^Y ^M ^M ^D ^D

Please note that we cannot accept credit card details.

Accountholder

Bank

Account number

Type of account Cheque Savings

Branch number - - - Branch name

4. New account details for Claims Payments

When should we start using the new banking details? ^Y ^Y ^M ^M ^D ^D

As per debit order details

Please note that we cannot accept credit card details.

Accountholder

Bank

Account number Branch number - - -

Type of account Cheque Savings

Branch name

4. New account details *(continued)*

Your banking details will only be changed if:

1. All the relevant fields on this request form have been filled in.
2. The request has been signed by the main member
3. Documentation required in step 3 and 4 of “What you must do” accompanies this form.

I, _____ (first and last name), as the main member, give Discovery Health permission to change my banking details.

Signed at (town or city)

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2	0	Y	Y	M	M	D	D
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Signature of main member

Signature of accountholder

If the accountholder differs from the main member, the Scheme and the administrator reserve the right to obtain bank confirmation.