

Contact us

Tel: 0860 103 933, PO Box 652509, Benmore, 2010, www.lahealth.co.za

## Permission to change banking details for debit order details

I, , the undersigned, hereby give LA Health Medical Scheme permission to change my banking details.

### 1. Previous account details

Account holder

Bank

Account number

Type of account Cheque  Savings

Branch number  -  -  -  Branch name

### 2. New account details

Please note we cannot accept credit card account details

Account holder

Bank

Account number

Type of account Cheque  Savings

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

**2. New account details (continued)**

Please note that the request to change your banking details applies to the debit order detail only and not to claims payments details. In other words, the new account details you have supplied will be used only for the payment of your contributions.

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 (town or city)	<input type="text"/>	on	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="D"/>	<input type="text" value="D"/>
Principal member	<input type="text"/>									
Membership number	<input type="text"/>									
Contact number	<input type="text"/>	<input type="text"/>								
ID number	<input type="text"/>									
Signature	<input type="text"/>									