

Settlement agreement for an amount owing to Bankmed Medical Scheme 2020

This form serves as your agreement to pay back an amount owing to Bankmed Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly
2. To avoid administrative delays, kindly ensure this form is completed in full
3. Once complete, kindly e-mail your form to memberdebt@bankmed.co.za or fax it to 011 539 7232

1. Principal Member's details and acknowledgement of amount owing

Member name(s) (as per identity document)																		
Member surname																		
Membership number												Date of birth						
ID Number																		
Passport number																		
Telephone (H)												Telephone (W)						
Cellphone												Fax						
E-mail address																		

By signing this form, you acknowledge and agree to settle any amount owing to the Scheme. You acknowledge that the amount quoted may be amended and is based on the information we receive at the time. Where the amount we quote differs from the final amount that is due, you agree to pay back the full amount.

Note: Should the amount you owe the Scheme be amended, we will contact you and offer you new payment terms.

Signature of Principal Member

2. Method of payment

Please choose your method of payment:

Debit order (complete section 3)

Direct deposit

Amount owing R

Should you choose to pay the outstanding amount by direct deposit, kindly use the following bank account:

Bank	FNB
Branch	JHB Corporate
Branch code	255005
Account type	Current
Account number	6256 6027 291

Kindly use your Bankmed membership number as the reference when making direct deposits and e-mail for fax the proof of payment to us.

3. Your banking details should you pay by direct debit

Name of accountholder													
Account number		Type of account	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings					
Bank name													
Branch name		Branch number											
Full amount owing	R		To be debited on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing this direct debit request, I authorise Bankmed Medical Scheme to deduct the agreed-upon amount from my bank account.

The amount that we quote as owing to the Scheme may be amended due to late or outstanding claims the Scheme receives and pays. By signing this form, you agree that the Scheme may add this amount to the outstanding amount quoted to you and that you will settle the amount in full.

Signature of accountholder												
Signed at (town and city)		on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Principal Member												

* If the form is not received in time for the debit order date you have chosen above, the debit order will be submitted in the following month on the same day you specified or the following working day.