

## BANK MANDATE

### Instruction to direct debit bank account in respect of monthly contribution

#### To be completed by:

- Members of the Society, who are also members of the BPSA Provident Fund, who have elected to retire
- Members of the Society who are no longer employed by BPSA (for whatever reason) and who, in terms of the Rules of the Society, qualify to retain their membership of the Society

I have elected, in terms of the Rules of the Society, to retain my membership of the Society and I hereby request that my monthly medical aid contributions are debited to my bank account by means of a direct debit. I will inform the BP Medical Aid Society in writing should my personal details change. I understand that should the direct debit be returned as unpaid more than three times, my medical aid membership will be terminated immediately.

PERSONAL DETAILS			
FIRST NAME AND SURNAME			
STAFF NUMBER		GLOBAL ID	
RETIREMENT DATE/EXIT DATE			
ADDRESS			
HOME PHONE NUMBER	CODE:	NUMBER:	
CELL NUMBER			

BANK DETAILS (First National Bank savings accounts cannot be directly debited)	
NAME OF BANK	
ADDRESS OF BANK	
BANK CODE	(Six-digit code)
BANK ACCOUNT NUMBER	
TYPE OF ACCOUNT	(Savings/current/transmission)

SIGNED: .....

DATE: .....