



Dear Member

Electronic Transfer of Refund Payment to you

As you are no doubt aware, cheque fraud has become very costly and time consuming to our members and ourselves. Cheques are intercepted and 'washed' (payee and amounts changed) resulting in costly investigations and delays. Commercial banks strictly enforce the 'Not Transferable' crossing on cheques due to the prevalence of this problem.

In an attempt to reduce the incidence of fraud, circumvent postal delays and reduce costs to your medical scheme and yourself, we have introduced a system of electronic payments (claims).

Please complete the form below and attach a copy of your bank statement, cancelled cheque or letter from your bank clearly indicating your initials, surname and account number and return the completed document to the Universal membership department on fax no. 011 803 7847.

Yours sincerely

Universal Healthcare Administrators (Pty) Ltd

PERSONAL BANKING DETAILS - PLEASE COMPLETE IN FULL

Member Name:	<input type="text"/>												
Name of medical scheme:	<input type="text"/>						Membership No:	<input type="text"/>					
Member's ID No:	<input type="text"/>												
Postal address:	<input type="text"/>										Post code:	<input type="text"/>	
Physical address:	<input type="text"/>										Post code:	<input type="text"/>	
Telephone no.(W):	<input type="text"/>						Telephone no.(H):	<input type="text"/>					
Cell no.:	<input type="text"/>						Fax no.:	<input type="text"/>					
E-mail:	<input type="text"/>												

PAYMENTS (Claims refunds)											
Name of Account Holder:	<input type="text"/>										
Name of Bank:	<input type="text"/>										
Branch:	<input type="text"/>										
IBT Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	=	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	=	<input type="text"/>
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account:	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER:

It is the member's responsibility to advise the administrators in writing of any change in banking details. Neither the Scheme nor its administrator will be held liable should an incorrect account be credited under any circumstances.

 AUTHORISED SIGNATURE/S

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE

 MEMBER'S SIGNATURE (If different from the authorised signature)

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE