

Form to submit or change banking details for a medical practice

Important notes:

- Complete this form to submit or change a medical practice's banking details.
- Please attach a certified copy of ID for all doctors in the practice.
- Please attach a certified letter from the bank confirming the bank details.
- If the practice name and the bank account holder name are different, please provide a Trading As Letter and CIPC documents that indicate the registration number of the company.
- Please email the documentation to providerbankingdetails@momentum.co.za.

1: Practice details

Practice name

Practice number

Email address

Telephone number

2: Bank account details

(Please do not provide credit card details. Momentum Health (Pty) Ltd is not allowed to record your credit card details)

Name of account holder

Name of bank

Account number

Account type

Current/Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>
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Branch code

<input type="text"/>	Branch name	<input type="text"/>
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Please indicate if the above bank account details should be used for all schemes administered by Momentum Health or specific schemes only:

All schemes	<input type="checkbox"/>	Specific schemes	<input type="checkbox"/>
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If specific schemes, please list the schemes:

3: Authorisation

- I/We hereby instruct and authorise Momentum Health (Pty) Ltd to credit amounts, which may be due to my/our practice into the above bank account.
- I/We understand that the credit transfers hereby authorised will be processed electronically and details of each credit will be printed on my/our statement.
- This authority may be cancelled by me/us by giving 30 days written notice. I/We understand that Momentum Health (Pty) Ltd will not be held responsible if notification of change in banking details is not provided in the above specified time.

**Signature of account holder/
authorised signature****Date**

<input type="checkbox"/>									
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