

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 an original certified copy of ID for all doctors in the practice.
- Please attach an original cancelled cheque. If the practice does not have a cheque account, please provide an original or 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 post the documentation to Momentum Health Solutions (Pty) Ltd, PO Box 2338, Durban 4000, for the attention of Navin Baijnath. Please note that Momentum Health Solutions cannot accept copies of cheques, as well as faxed or emailed documentation.

Section 1: Practice details

Practice name

Practice number

Telephone number

Section 2: Bank account details

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

Name of account holder

Name of bank

Account number

Account type Current/Cheque Savings Transmission

Branch code - - - Branch name

Section 3: Authorisation

- I/We hereby instruct and authorise Momentum Health Solutions 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 Solutions 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 - -