

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	<input type="text"/>
Practice number	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>

2: Bank account details

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

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account type	<input type="text"/> Current/Cheque	<input type="text"/> Savings	<input type="text"/> Transmission
Branch code	<input type="text"/>	Branch name	<input type="text"/>

Please indicate if the above bank account details should be used for all schemes administered by Momentum Health Solutions or specific schemes only:

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

3: Authorisation

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