

## AUTOMATIC BANKING INSTRUCTIONS

PRACTICE NAME: \_\_\_\_\_

PRACTICE NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Dear Sirs,

The details of my / our bank account are as follows:

1. BANK \_\_\_\_\_

2. BRANCH NAME & TOWN \_\_\_\_\_

3. BRANCH NUMBER 

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4. ACCOUNT NO 

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5. TYPE OF ACCOUNT      Current ☐      Savings ☐      Transmission ☐

PLEASE ✓

Yes/No

Direct debit 

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Direct credit 

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I / We hereby instruct and authorise you 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 thirty days written notice. I/We understand that Momentum Medical Scheme Administrators will not be held responsible if proper notification of change in banking details is not provided in the above specified time.

NAME OF ACCOUNT HOLDER \_\_\_\_\_

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200

SIGNATURE/S AS USED FOR SIGNING CHEQUES

**PLEASE ATTACH AN ORIGINAL CANCELLED CHEQUE AND POST DOCUMENTATION FOR THE ATTENTION OF NAVIN BALJNATH TO THE ADDRESS BELOW . COPIES OF CHEQUES AND DETAILS FAXED TO MOMENTUM MEDICAL SCHEME ADMINISTRATORS WILL NOT BE DEEMED ACCEPTABLE.**