



**To Our Valued Member**

**Automated Credit Banking (ACB) Details**

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Please provide us with your banking details to facilitate direct deposit into your bank account for medical aid claim refunds by Generation Health Medical Fund, which funds are under our management.

**BANKING DETAILS**

<b>Member's Name: (in full)</b>	<b>Membership Number</b>	<b>Name of Bank</b>	<b>Account Number</b>	<b>Branch Name</b>	<b>Branch Code</b>

We would also request that you take note that we make payment runs twice a month, that is, around the 15<sup>th</sup> and 30<sup>th</sup> of each month.