



## To Our Valued Service Provider

### 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

Name of Facility/Practise (in full)	AHFoZ Payee Number	Name of Bank	Account Number	Branch Name	Branch Code

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.