Practice bank detail form for Electronic Funds Transfer (EFT)

Dental Information Systems Pty (Ltd) (DENIS) on behalf of our medical scheme clients provides payment for claims where applicable. We require your recent banking details in order to do these payments via bank transfers.

Please note:

- All EFT payments are made to the registered banking account weekly. If we do not have banking details for your practice, we will send a cheque to the registered postal address on your practice profile.

What you need to do:

- Fill in the form and print clearly, or complete the form digitally with the Adobe Fill & Sign tool
- To avoid administration delays, please make sure this form is completed in full
- Once it is complete, fax the form to **086 677 0336** or email it to thenetwork@denis.co.za or via post to PO Box X1, DENIS, 7446
- You need to submit the following documents with this form:
    1. A clear copy of the account holder's identity document (ID)
    2. A cancelled cheque/a stamped bank letter that is not older than **6 (six) months**/a stamped copy of a recent bank statement not older than **6 (six) months**

Practice Name						
Practice Number						
Practice Physical Address			**Admin Company** Physical Address			
Practice Postal Address			**Admin Company** Postal Address			
Physical Practice Telephone Number			**Admin Company** Telephone Number			
Practice Fax Number			**Admin Company** Fax Number			
Cell Number			**Admin Company** Cell Number			
Practice Email Address			**Admin Company** Email Address			
Practice Account Name						
Practice Bank Name						
Account Number						
Account Type *(Tick appropriate box)*	Current account		Savings account		Other	

Dental Information Systems (Pty) Ltd
T +27 21 528 5300 | F +27 86 677 0336
Block D, The Forum, North Bank Lane, Century City, 7441 | PO Box X1, Century City, 7446
Reg no: 1996/000371/07
www.denis.co.za

Telephonic verification will be done for security purposes.

I/we hereby, instruct and authorise you to pay my/our medical aid refunds which may accrue to me/us to the credit of my/our account with the above mentioned bank (or any bank or branch to which I/we may transfer my/our account).

Signed: _____ at _____ on _____ / _____ / _____

Print Name: _____