

Medipost Pharmacy
 Po Box 40101
 Arcadia
 0007
 Tel : 012 426 4000



PAYMENT METHODS

The following payment methods are available to settle your outstanding account with Medipost Pharmacy. This is in accordance with the scheme's payment rules. Please select the method most convenient for you.

1. Debit Order

Should you wish to pay via debit order, you need to complete the Debit Order Details **AND** Authorisation (**) below. This will give us a mandate to deduct monies from your account on designated days.

2. Credit Card

Should you wish to pay via credit card, you need to complete the Credit Card Details **AND** Authorisation (**) below. This will give us a mandate to deduct monies from your account on designated days.

**NB. Please ensure that your Medipost profile number is recorded as reference.
 Deposit slips can be faxed to 0866 822821**

3. Easy Pay

Another payment option is to pay at an Easy Pay-point. Pick n Pay, Shoprite, Woolworths, Checkers Hyper, Lewis, Boxer. Take your statement as a reference.

4. Internet Transfers/ Direct Deposits

When selecting this payment option, please use your **Medipost profile number as reference**. Please see our banking details below.

ABSA

Payable to: Medipost
 Bank: ABSA
 Branch: Pretoria
 Branch Code: 323345 / 632005
 Account No: 405 1276 402

1. DEBIT ORDER ACCOUNT DETAILS				(Fax:0866 822 821 Email: reception@medipost.co.za)				
Account Holder							Bank	
Account Type	Cheque	Savings	Transmission			Branch Name		
Account Number						Branch Code		
Day for D/Order	15 th	Last Day	(Day of month for ACB Transaction)					
2. CREDIT CARD DETAILS				(Fax: 0866 567 625 Email: accounts1@medipost.co.za)				
Account Holder								
Card Number								
Expiry Date	M	M	Y	Y				
CDV Number				(Last 3 digits on back of card)				
** AUTHORISATION **								
I hereby request and authorise Medipost Pharmacy to debit my bank account with any outstanding amounts owed to Medipost Pharmacy. I understand that every transaction will appear on my bank statement. Any transaction fees will be for my account. This authorisation may be cancelled by me by giving at least 30 days written notice to Medipost Pharmacy.								
Account Holders Name						Medipost Profile Number		
Account Holders Signature						Date of Signature		