

Autopay Form

I. Basic Information

Doctor's Name : _____ [Full Name]
HKID Card No. / Passport No. : _____ Sex: _____
Date of Birth : _____ Marital Status: _____

II. Bank Account and Contact Information

[Please tick the appropriate box.]

- New application
 Change bank account information
 Dr. Code _____
 All my Dr. Codes
 Apply for extra doctor code
Effective date: _____

- I would like to set up the following bank account as my default autopay account.
ALL doctor fee will be sent to the default account if no doctor code is written in billing sheet.

Bank Account No. : _____ - _____ - _____
Bank Code Branch Code Account Number

Account Name : _____

Business Registration No. : _____
*(*if applicable)* **Copy of Business Registration certificate MUST be provided for company bank account**

Contact Telephone Number: _____ Fax: _____

Correspondence Email : _____

Correspondence Address : _____

Doctor's Signature: _____ Date: _____