

## 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. Code.  
 Apply for extra doctor code

Effective month: \_\_\_\_\_ \*

(\*If you fill in JUNE, dr fee of JUNE will transfer to the bank account below)

- 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: \_\_\_\_\_