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.**

Bank Account No.   :   _____ - _____ - _____

                                Bank Code   Branch Code   Account Number

Account Name   :   _____

Business Registration No. :   _____

 *(*if applicable)*   ***Copy of business registration certificate <u>MUST</u> be provided for***
company bank account

Contact Telephone Number :   _____ Fax:_____

Correspondence Email   :   _____

Correspondence Address   :   _____

                                   _____

Doctor's Signature: _____   Date: _____