

Patients First® *Patients First® is a registered trademark of the Alberta Medical Association.*

Payment Request Form

Name _____ AMA # _____

I would like to receive my benefit payments by:

- Electronic Deposit to my bank account – **VOID cheque required**
- Cheque

Payments will be made to:

- Me personally
- My Professional Corporation

Your Professional Corporation Name _____

I authorize the Alberta Medical Association (AMA) to make payments to me personally or to my PC by the method specified above. I acknowledge that this direction given to the AMA with respect to electronic deposits will continue unless changed or revoked in writing.

- Honoraria and expense payments (If applicable)
- Medical Liability Reimbursement payments
- Continuing Medical Education payments
- Retention Benefit Program payment
- Parental Leave Program (Payments made by direct deposit to your **personal** account only)
- AMA Membership dues *if you are currently set up for monthly or annual debit of your account

*If you require changes to your method of payment with ADIUM Insurance Services, please provide your updates directly to adium@albertadoctors.org.

Please provide an email address, and you will automatically be notified when deposits are made.

Email address _____

Signature

Date