|  |  |
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| **Lingnan University Logo** | Payment Section, Finance Office  Unit 1902, 19/F, Nina Tower  8 Yeung Uk Road, Tsuen Wan, N.T. Hong Kong |

# Registration for Using the Autopay Service

|  |
| --- |
|  |
| (Company Name) |

On behalf of the (“the Company”),

I hereby request Lingnan University (“the University”) with immediate effect to settle all payments to the Company by crediting the registered bank account shown below and acknowledge that the liability of the University due to the Company will be fully discharged when payments are credited to the registered bank account. I further undertake to inform the University promptly should there be any changes in the bank account details provided by the Company. Notwithstanding of this registration, I understand that the University may use other payment method to settle payments with the Company as deemed appropriate.

## Bank Account Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Bank Account Holder: | | | | |  | | | | | | | | | | | | | | | | | |
| (The name of bank account holder must be same as the Company name as above) | | | | | | | | | | | | | | | | | | | | | | |
| Name and Branch of the Bank: | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Bank Account: |  |  | |  | | **—** |  |  |  |  | |  | |  |  | |  |  |  |  |  |  |
|  | bank code | | | | |  | bank account number | | | | | | | | | | | | | | | |
| For and on behalf of | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  |  | | | | | | | | | | |
| Authorized Signature | | | | | | | | | | |  | Date | | | | | | | | | | |
| (Please sign and stamp with Company’s official chop) | | | | | | | | | | | | | | | | | | | | | | |
| Name of above signatory: | | |  | | | | | | | | | | Position: | | |  | | | | | | |

## Company’s information

(A payment notice will be sent to your Company by email after the direct credit has been effected.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Person: |  | | Phone number: |  | Fax number: | |  |
| Company Address: | |  | | | | | |
|  | | | | Email Address: | |  | |

**Please return the completed form to the University**

**by fax 2463 8363, by email** [**fopayment@LN.edu.hk**](mailto:fopayment@LN.edu.hk) **or by mail**