

Registration for Using the Autopay Service

On behalf of the							("th	e Co	mpar	ıy''),		
I homoby manuact I in an an II in	(Company Na			اء:ام	to - C	Coat to	. a - 4±	la a 11	40.000	n o.e.4 =		
I hereby request Lingnan University to the Company by crediting the reliability of the University due to the to the registered bank account. I furnany changes in the bank account registration, I understand that the Utthe Company as deemed appropriate	egistered bank ac e Company will be ther undertake to details provided niversity may use	count see fully nform	shown disch the U he C	n bel narge Inive ompa	ow a d wh rsity any.	nd acen pa prom Notw	cknov tymen ptly vithst	wledg nts an shoul andir	ge thate e cre Id the ng of	at the dited ere be this		
Bank Account Details												
Name of Bank Account Holder: (The name of bank account holder must b	e same as the Compa	ny name	as ab	ove)								
Name and Branch of the Bank:												
Bank Account:	bank account nu	mber										
For and on behalf of												
Authorized Signature (Please sign and stamp with Company's official chop)				Date								
Name of above signatory:			Position:									
Company's information (A payment notice will be sent to your Con	npany by email after	he direc	t credi	t has	been e	effecte	d.)					
Contact Person:	n: Phone number:			Fax number								
Company Address:												
		Ema	il Add	ress:								

Please return the completed form to the University by fax 2463 8363, by email fopayment@LN.edu.hk or by mail