

Registration for Using the Autopay Service

On behalf of the				("tl	he Co	ompa	ny"),
I hereby request Lingnan University ("the University to the Company by crediting the registered bank liability of the University due to the Company was to the registered bank account. I further undertoe any changes in the bank account details proregistration, I understand that the University may with the Company as deemed appropriate.	k account she will be fully disake to information the	own beloischargeon the University	ow and I when presently properties of the second terms of the seco	acknov paymer prompt otwiths	vledg nts ard ly sho tandii	e tha e crea ould t ng of	t the lited here this
Bank Account Details							
Name of Bank Account Holder: (The name of bank account holder must be same as the	Company name	e as above)					
Name and Branch of the Bank:							
Bank Account: bank code bank acco	ount number						
For and on behalf of							
Authorized Signature		Date					
(Please sign and stamp with Company's official chop)							
Name of above signatory:	Posit	tion:					
Company's information (A payment notice will be sent to your Company by emails)	l after the direc	et credit has	s been eft	fected.)			
Contact Person: Phone nu	Phone number:		Fax number:				
Company Address:							
Email Address:							