

To whom it may concern:

To facilitate collection of payments from companies, please use the "Interbank Remittance System" for deposit.

Please fill out the attached form and **attach a "copy of passbook"** then send back to the Cashier Section of Taipei Medical University.

TEL : 2736-1661#2333

FAX : 2739-5102

No.250, Wuxing Street, Xinyi District, Taipei City

To: Cashier Section,
Taipei Medical University

Notes: 1. For any changes made on account numbers and contact address, please notify the Cashier Section in writing to update them.

2. Your company account number only

3. Withholding remittance fee of NTD \$10

Taipei Medical University
Remittance Account Registration Form

To Mr./Ms. _____

We agree to remit payment to the following account:

Account name													
Financial Institution	Bank										Branch		
Bank code						Remittance code							
Account													
Seal of Company and representative													
Date	DD, MM, YYYY												

Postal code:

Mailing address:

TEL:

FAX:

Business Administration Number