

(様式 P-4)

|                              |             |             |             |   |
|------------------------------|-------------|-------------|-------------|---|
| <input type="checkbox"/> New | / 17~       | ACH NO.     |             | <input type="checkbox"/> Excel <input type="checkbox"/> ACH<br>Amount :<br>Memo : |
|                              |             |             |             |   |
|                              | Office Only | Office Only | Office Only |   |

### AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACH DEBITS)

(Please print all information except signature(s))

I (We) hereby authorize Seattle Japanese School, hereafter called SCHOOL, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until SCHOOL or DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCHOOL or DEPOSITORY a reasonable opportunity to act on it.

STUDENT NAME(S) \_\_\_\_\_

ACCOUNT HOLDER NAME(S) \_\_\_\_\_

SIGNED X \_\_\_\_\_

SIGNED X \_\_\_\_\_

Please give both signatures if joint account

DATE \_\_\_\_\_

(Please staple a void check here)

(様式 P-4 見本)

# 記入見本

- New  
新規
- Change  
変更

|               |
|---------------|
| / 17~<br>記入不要 |
|---------------|

|         |      |
|---------|------|
| ACH NO. | 記入不要 |
|---------|------|

|   |
|---|
| <input type="checkbox"/> Excel <input type="checkbox"/> ACH<br>Amount :<br>Memo :<br>記入不要 |
|---|

## AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACHDEBITS)

銀行振込(口座自動引き落とし)のための承諾書

(Please print all information except signature(s))

(サインを除いて、すべてプリント体でご記入ください)

I (We) hereby authorize Seattle Japanese School, hereafter called SCHOOL, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME BANK OF AMERICA

銀行名

TRANSIT / ABA NO. 125000024 ACCOUNT NO. 0870096313

銀行番号

口座番号

This authority is to remain in full force and effect until SCHOOL or DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCHOOL or DEPOSITORY a reasonable opportunity to act on it.

STUDENT NAME(S) Kodomo Natsume

ACCOUNT HOLDER NAME(S) Kyoko Natsume , Soseki Natsume

(連名口座の場合、両方の名前)

SIGNED X Kyoko Natsume

SIGNED X Soseki Natsume

Please give both signatures if joint account

連名口座の場合、両方の署名をお願いします。

DATE 00/00/00

|                                   |   |
|-----------------------------------|---|
| KYOKO NATSUME                     | DATE _____  |
| SOSEKI NATSUME                    |   |
| (Please staple a void check here) |   |
| PAY TO THE                        | VOID と書いたチェックをホチキスでとめてください。   |
| ORDER OF _____                    | \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
|                                   | <b>VOID</b>   |
|                                   | DOLLARS   |
| UNION BANK OF CALIFORNIA          |   |
| FOR _____                         |   |