

(様式 P-4)

New

/ 18~

Office Only

Change

ACH NO.	
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Office Only

<input type="checkbox"/> Excel <input type="checkbox"/> ACH
Amount :
Memo :

Office Only

AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACH DEBITS)

(Please fill out 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

Excel ACH

Amount :

Memo :

New

新規

/ 18~
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ACH NO.

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Change

変更

AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACHDEBITS)

銀行引落(口座自動引き落とし)のための承諾書

(Please fill out all information except signature(s))

(サインを除いて、すべてローマ字で表記してください)

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

SOSEKI NATSUME

DATE _____

(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 _____

VOID

\$

DOLLARS

UNION BANK OF CALIFORNIA

FOR _____