（様式Ｐ－４）

☐　New

☐　Change

/ 20～

Office Only

ACH NO.

Office Only

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)

記入見本

☐Excel　☐ACH
Amount :
Memo :

☐ New
新規

☐ Change
変更

/ 20〜
記入不要

ACH NO.
記入不要

記入不要

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)

VOID と書いたチェックをホチキスでとめてください。

PAY TO THE

ORDER OF ＿＿＿＿＿＿＿＿VOID＿＿＿＿＿＿＿　$ ［＿＿＿＿＿］

＿＿＿＿＿＿＿＿＿＿＿＿　DOLLARS

UNION BANK OF CALIFORNIA

FOR＿＿＿＿＿＿＿＿＿　＿＿＿＿＿＿＿＿＿＿＿