(様式 P-4)								
		□Excel □ACH						
		Amount :						
		Memo :						
□ New	ACH NO.							
/ 21~								
Change Office Only	Office Only	Office Only						
Office Offig	Office Offiy	Office Offiy						
	EMENT FOR AUTOMATED I							
	•							
I (We) hereby authorize Seattle Jap	anese School, hereafter called SC	HOOL, to initiate debit entries to						
my (our) Checking account indica		named below, hereinafter called						
DEPOSITORY, to debit the same to	such account.							
DEDOCITODY NAME								
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 eit								
afford SCHOOL or DEPOSITORY a	reasonable opportunity to act on	ı it.						
STUDENT NAME(S)								
STODENT NAME(S)								
ACCOUNT HOLDER NAME(S)								
SIGNED X								
SIGNED X								
Please	e give both signatures if joint acco	ount						
DATE								

	(様式 P-4	見本)		<del>-</del>	<del>L</del>				
		記入見本		□Excel □ACH					
						Amount:			
_						Memo :			
L	New		_	ACH NO.					
_	新規	II .	1~		<del></del>	22.4			
L	☐ Change	記入不要	1.		記入不要	記入不要			
	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									
m	y (our) Che	cking accoun	t indica	ated below a	nd the depository i	named below, hereinafter called			
DEPOSITORY, to debit the same to such account.									
		NAME	BANK	OF AMERI	ICA				
	行名 DANGER (AD	ANO		22.4	ACCOLLAMBATO	005000010			
		SA NO	<u> 1250000</u>	)24	ACCOUNT NO	0870096313			
	行番号			1 0 1	口座番号	DEDOGETORY I			
						or DEPOSITORY has received			
						ch time and in such manner as to			
af	ford SCHOO	L or DEPOSI	TORY a	ı reasonable o	pportunity to act on	it.			
$S^r$	TUDENT NA	ME(S)		Kodomo Na	atsume				
				Kyoko Nats		atsume			
	三〇〇〇T(1 11) 三名口座の場合、同			TLY OHO TYGO	odino , social 10				
SIGNED X									
SIGNED X Soseki Natsume									
Please give both signatures if joint account									
				_	方の署名をお願いします。				
DATE 00/00/00									
_		00/0	3100						
ſ	KYOKO NAT	SUMF							
ı	SOSEKI NAT				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。									
							VOID		
UNION BANK OF CALIFORNIA									
	FOR		-						