

Japanese Language School Unified System 日本語学園 協同システム

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AUTHORIZATION AGREEMENT FOR TUITION AUTOMATIC DEBIT

TOTTION AUTOMATIC DEBIT				
SCHOOL	STUDENT NAME(S)		Grade	
7 , 00		75		
* Please fill out the form below and attach a voided check.				
PREAUTHRIZED PAYMENTS I(We) hereby authorize JAPANESE LANGUAGE SCHOOL UNIFIED SYSTEM to initiate debit entries to my (our) checking account indicated below and the bank named below to debit the same to such account.				
BANK NAME	1 6		CARDHOLDER NAME	
R/T NUMBER			ACCOUNT NUMBER	
DATE OF TRANSFER 10th of each month				
This authority is to remain in full force and effect until SCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCHOOL and DEPOSITORY a reasonable opportunity to act on it.				
NAME(S) (PLEASE PRINT)			SIGNATURE	
DATE				