

AUTHORIZATION AGREEMENT FOR CLEARPAY SERVICE

(授業料等銀行自動引き落とし同意書)

Nishiyamato Educational Center Inc.

I(We) hereby authorize Nishiyamato Educational Center Inc, to initiate debt entries against my(our) Checking account indicated below, and the depository institution named below, hereinafter called 'Depository,' to debit the same from such account.

The initiation of the debt entries by Nishiyamato Educational Center is to be limited to tuition, registration fee, examination fee, kyozaï-hi and other school-related expenses, which may be owed by the account holder(s). Notice of initiation will be provided prior to each transaction.

Depository Name (銀行名)		Branch (支店名)	
City		State	Zip Code
Transit/ABA Number (チェック左下の番号)	Saving	Account Number (チェック右下の口座番号)	
	Checking		

This authority is to remain in full force and effect until Nishiyamato Educational Center has received written notification of termination from one or both of the undersigned, so that the School and Depository will have had a reasonable amount of time to act on it.

Name (s) (口座主) 共有名義の場合は2人共お願いします。		
Date (日付)	Signature (口座主)	Signature (二人名義の場合)
Class (クラス)	Student's Name (生徒氏名)	

VOID チェックをホッチキスでこの用紙に添付してください。