



# Japanese Language School Unified System

日本語学園 協同システム

1218 Menlo Avenue, Los Angeles, CA 90006

Phone: (213) 383-4706 Fax: (213) 260-6101

SCHOOL	STUDENT NAME(S)	Grade

\* Please fill out the form below and attach a **voided check**.

## AUTHORIZATION AGREEMENT FOR TUITION AUTOMATIC DEBIT

### PREAUTHORIZED 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	BRANCH
R/T NUMBER	ACCOUNT NUMBER
DATE OF TRANSFER ( CIRCLE ONE )	
10th of each month	30th 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	

\* Automatic Debit - **Dates 30th** - Tuition will be debited in prior month.