

Save Time with Direct Deposit

Complete this form, take it to your employer's payroll department and get your paychecks deposited directly to your account.

TAKURO IIZUKA 79 CLOUDS VW **IRVINE** ZIP 92603-0170 CA TAKURO IIZUKA OID VOID VOID CHASE #322271627 # #872306672 Employer's name Account number 872306672 Routing number 322271627 I authorize my employer and my bank to automatically deposit my payroll check into the account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it. Customer signature 6/28/2023

AUTHORIZATION AGREEMENT FOR CLEARPAY SERVICE (授業料等銀行自動引き落とし同意書)

Nishiyamato Inc.

I(We) hereby authorize Nishiyamato Inc, herein-after called NAC, 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 NAC is to be limited to tuition, registration fee, examination fee, kyozai-hi and other school-related expenses, which may be owed by the account holder(s). Notice of initiation will be provided prior to each transactions.

| Depository Name(銀行名) | | Branch (支店名) | |
|--------------------------------|---------------|------------------------------|-------------------|
| JPMorgan Chase Bank | | | |
| City 270 Park Ave. New York | | State NY | Zip Code 10017 |
| Transit/ABA Number(チェック左下番号) | Saving | Account Number (チェック右下の口座番号) | |
| 322271627 | Checking x | 872306672 | |

This authority is to remain in full force and effect until NAC 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.

| | 共有名義の場合は2人共お願いします。 | 平日 · 補習 | |
|--------------------|---------------------------|---------------------------------------|--|
| Takuro Iizuka | | 十日 | |
| Date(目付) | Signature (口座主) | Signature (二人名義の場合) | |
| 6/20/2023 | The | | |
| Grade(学年・組) 3-2 | Student's Name(生徒氏名) | Student's Name(生徒氏名) Ritaro Iizuka | |
| | | | |

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。