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バンクーバー日本語学校並びに日系人会館

Vancouver Japanese Language School and Japanese Hall

Established 1906

Registered Charity Society

Phone: (604) 254-2551 Fax: (604) 254-9556
Email: vjls@vjls-jh.com Web: www.vjls-jh.com

Address: 475 & 487 Alexander St. Vancouver,
B.C. Canada V6A 1C6

PRE-AUTHORIZED DEBIT PLAN (PAD) AGREEMENT

I hereby authorize Vancouver Japanese School and Japanese Hall (VJLS-JH) and the financial institution designated to begin deductions as per my instructions for monthly regular recurring payments. Regular monthly payments for the full amount of service delivered will be debited to my specific account on the 1st day of each month.

This authority is to remain in effect until VJLS-JH has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above.

VJLS-JH may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement.

If I don't have enough funds in my account to cover a PAD and it is returned NSF (insufficient funds), VJLS-JH will attempt to withdraw fees a second time (within 30 days from original payment date). VJLS-JH will charge a fee of \$20 if funds are unavailable at the time of withdrawal. VJLS will not be responsible for any costs charged by my bank/financial institution.

VJLS-JH advises that the personal information contained in this Agreement will be kept in a locked safe for security purposes. The Agreement will be destroyed by shredding at the end of the effective period.

I have read and understand all information that is stated above.

PLEASE PRINT

Card Holder Name: _____

Phone Number: _____ email address: _____

VISA Master Card (please check one)

Number: _____ - _____ - _____ Card Verification Code: _____

Expiry Date: _____ / _____ Initial Payment: \$ _____ + \$ _____ = \$ _____ (_____ / _____)
MM/YY Program fees Other Fees Total Month / Year

Monthly Amount: \$ _____ Starting: _____ / _____ Ending: _____ / _____
Month / Year Month / Year

Student(s) Name: _____ Class(es): _____

Date: _____

Authorized Signature