



非営利 団体 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  
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B.C. Canada V6A 1C6

## PRE-AUTHORIZED DEBIT PLAN (PAD) AGREEMENT < Children's world >

I hereby authorize Vancouver Japanese School and Japanese Hall (VJLS-JH) and the financial institution designated to begin deductions as per my instructions for regular recurring payments. Regular monthly or installment payments for the full amount of service delivered will be debited to my specific account on the 1<sup>st</sup> 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 ten (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 do not have enough funds in my account to cover a PAD or VJLS could not charge a PAD in any reason and declined, VJLS-JH will attempt to withdraw fees a second time within ten (10) days from original payment date. **VJLS-JH will charge a fee of \$20 if funds are unavailable at the time of withdrawal** and VJLS will charge this additional \$20 at the next transaction. 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. At the end of the effective period, the Agreement will be destroyed by shredding.

**By signing below, I have read and understand all information that is stated above.**

### PLEASE PRINT

Child(ren) Name: \_\_\_\_\_ Class(es): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

VISA  Master Card (please check one)

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
MM / YY

Card Verification Code: \_\_\_\_\_

**Payment Plan:**  one-time  monthly (please check one)

Initial Payment: [for both plan] \$ \_\_\_\_\_ + \$( \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ ) = \$ \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
Program fees Other Fees (Reg. Member, Bazaar) Total MM / YY

Subsequent Payments: [monthly] \$ \_\_\_\_\_ Starting: \_\_\_\_\_ / \_\_\_\_\_ Ending: \_\_\_\_\_ / \_\_\_\_\_  
MM / YY MM / YY

\_\_\_\_\_  
Date: \_\_\_\_\_

Authorized Signature