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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | (Year) | / | ( Month) | / | (Day) |  |
| School |  | () |

Dear Parent or Guardian,

**のおい**

**SCHOOL PAYMENT REQUEST (BANK TRANSFER FAILURE)**

からができなかったため、このがったにおをれてきてください。

This is to inform you that payment was not received sue to a failure with the bank transfer. Please put the written value below in the attached envelope and return to the school .

からはからえます。よろしくおいします。

We would like to transfer payment directly from your account to the school’s bank account next month. Please allow sufficient funds for the transfer. We thank you for your cooperation.

|  |  |
| --- | --- |
| １ Amount | ￥ |
| ２　 Contents |
| Month of school payment　　  |
| ３　Please arrange payment by the date established below. |
|  |  |  |  |  |  | **（ず）** |
|  | **(Year)** |  | **(Month)** |  | **(Day)** | **Please Adhere** |