

Kanazawa City National Health Insurance Premiums

Bank Transfer Request Form/ Automatic Payment Application Form

Upon confirming the bank transfer (automatic payment) regulations described on the reverse side of this form, 1 (the account holder) request bank transfer (automatic payment) for the person responsible for paying specified below to pay national health insurance premiums to Kanazawa City.

If refunds of national health insurance premiums arise, please transfer them to the following account (excluding Japan Post Bank accounts and cases where the account holder is not the same as the head of the household)

Application category	1 New	Application date	令和6 (year) 6 (month) 1 (day)
Katakana	カナザワ タロウ		
Name	金沢 太郎		
Address	〒920-XXXX 金沢市広坂1丁目1番1号		
Tel:	076(220)XXXX		

▼ Write the insurance certificate number described on the health insurance payment notice.

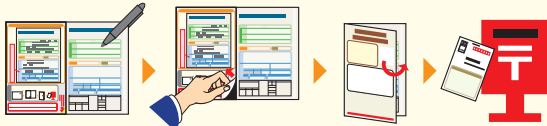
Insurance certificate number	1 2 3 4 5 6 7	Desired start date for transfer	令和6 (year) 8 (term)
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Katakana	カナザワ タロウ		
Account holder	金沢 太郎		
Address	〒920-XXXX 金沢市広坂1丁目1番1号		
Financial institution/other bank name/post bank	Bank	Shinkin bank Shinkumori bank JA	Main office Branch Sub-branch
	Account	金沢 市役所	
Bank code	Branch code	Account type	Account number (right justified)
For bank completion		① Savings / Multipurpose ② Current ③ Other	1 2 3 4 5 6 7
Code	Passbook number	Passbook number (right justified)	
9900	*		

Bank accounts other than those of the head of the household (person responsible for paying) may be specified.

How to submit the postcard

- (1) Fill out the form with a black pen, etc. (Do not use a pencil.)
- (2) Remove the completion example section
- (3) Attach the adhesive side of the sheet to the completed section.
- (4) Post the postcard.



This postcard will conceal your personal information.

(Note) Do not peel off the sheet once attached; it will leave marks.

This part is used as a masking sheet.



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If refunds of national health insurance premiums arise, please transfer them to the following account (excluding Japan Post Bank accounts and cases where the account holder is not the same as the head of the household)

Application category	1 New	Application date	(year)	(month)	(day)
Person responsible for paying	Katakana				
	Name				
	Address 〒 -				
	Tel: ()				

▼ Write the insurance certificate number described on the health insurance payment notice.

Insurance certificate number		Desired start date for transfer	(year)	(term)
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Account holder	Katakana			Seal registered at the bank
	Address 〒 -			
Account	Financial institution other than Japan Post Bank		Bank Shinkin bank Shinkumi bank JA	Main office Branch Sub-branch
	Bank code	Branch code	Account type	Account number (right justified)
	For bank completion		1 Savings / Multipurpose 2 Current 9 Other	
	Code	Passbook number	Passbook number (right justified)	
	9900	*		

金融機関使用欄			不備返却理由	種目コード 別添コード	金融機関日付印
年月日			1.預金取引なし	166 28	
検印			2.記載事項等相違 (店名・預金種目・ 口座番号・口座名義)	払込先口座番号	
印鑑照合			3.印鑑相違	00760-1-960328	
係印			4.その他 ()	払込先加入者名 金沢市会計管理者	

不備の場合の返送先 〒920-8577 金沢市広坂1-1-1 金沢市役所保険年金課 TEL 220-2258

Postcard

Postage paid mail



Mailing term of validity
Until March 31, 2026
(No stamp required)

9 2 0 - 8 7 6 6

(Addressee)

1-1-1 Hirosaka, Kanazawa
Insurance and Pension Section,
Kanazawa City Hall



Please use a bank transfer for security and convenience
when paying national health insurance premiums.

Bank transfer (automatic payment) regulations

- When a bank transfer notice is sent to your bank, please transfer the specified amount from the account described on the reverse side to Kanazawa City on the specified date without notifying me.
- As for the procedure described in the preceding section, regardless of the contract for the specified account, I will not issue current account checks or submit passbooks or refund request forms; please process them according to the prescribed procedure.
- I have no objection if you return bank transfer notices to Kanazawa City without notifying me in advance if the balance of the specified account is less than the transfer amount as of the date of transfer.
- I have no objection if this bank transfer contract is cancelled, if you or Kanazawa City deems it necessary.
When I change or cancel this contract due to my circumstances, I will submit a request (declaration form) to you.
- I agree to the absence of monthly receipts and that account transfer payment receipts (annual lump sum) are to be sent from Kanazawa City instead.
- In the unlikely event that a dispute arises regarding this, I shall not cause any inconvenience to your store.

Recommendation for the bank transfer of national health insurance premiums

There are three ways to apply

- Fill in this application form and post it
- Scan the QR code with your smartphone and apply online
- Search for 「金沢市web口座振替受付サービス」 (Kanazawa City Online Bank Transfer Application) and apply via the page

(Only Hokkoku Bank, Hokuriku Bank and Fukui Bank are available for (2) and (3).)



Kanazawa City Online Bank
Transfer Application

Please use one of the financial institutions, proxy financial institutions or proxy payment collection institutions designated by Kanazawa City (specified below), or Japan Post Bank.

The Hokkoku Bank, Ltd.	Hakusan Shinkin Bank	Kanazawa Chuo Agricultural Cooperative (JA Kanazawa Chuo)
Kanazawa Shinkin Bank	Kono Shinkin Bank	lo Shinkumi Bank
Mizuho Bank, Ltd.	The First Bank of Toyama, Ltd.	Yokohamakougin Shinkumi Bank
MUFU Bank, Ltd.	The Fukuo Bank, Ltd.	Ishikawa Federation of Agricultural Cooperatives (JA Bank Ishikawa Shinren)
Sumitomo Mitsui Banking Corporation	Hokuriku Labour Bank	Higashinohon Federation of Fishery Cooperatives (JF Marin Bank Higashinohon Shinren)
The Hokuriku Bank, Ltd.	Kanazawa Chuo Shinkumi Bank	
The Fukui Bank, Ltd.	Isurugi Shinkin Bank	
Noto Kyoei Shinkin Bank	Kanazawa City Agricultural Cooperative (JA Kanazawa City)	

All the branches of the above institutions in Japan are available for use. (Excluding agencies)
However, as for the Higashinohon Federation of Fishery Cooperatives (JF Marin Bank Higashinohon Shinren), only the branches in Kanazawa City may be used.

* It is not necessary to submit this card if you have already applied for bank transfer.

Remarks regarding bank transfer (automatic payment) of national health insurance premiums

The amount is transferred monthly (no re-transfers).

- In principle, bank transfer will begin the month following application.
- The transfer date is the end of every month.
- If financial institutions are closed on the last day of the month, the date of transfer will be the next business day.
- If a money transfer cannot be performed successfully, payment forms will be sent to you.
- If the head of the household (person responsible for paying) changes, the bank transfer (automatic payment) will be cancelled. Please apply again.

[Inquiries] Insurance and Pension Section, Kanazawa City Hall Tel: 076-220-2258 Fax: 076-232-5644

This postcard is designed so that after sealing, marks will remain when opened.