

Kanazawa City National Health Insurance Premiums

Bank Account Transfer Request Form/Application Form for Automated Payment

Circle One (New (Including Changes)/ Cancellation)

To: Handling Financial Institution

(Year) (Month) (Day)

For Financial Institutions

New Users I (the account holder) wish to pay National Health Insurance premiums, which the payment obligor must pay to Kanazawa City, by bank account transfer (automated payment). Therefore, I hereby consent to the Provisions for Bank Account Transfers (Automated Payments) on the back of this page.

In the event that a repayment (refund) occurs regarding National Health Insurance premiums, please transfer it to the following designated bank account (unless the Japan Post Bank account holder and the account holder are not the householder).

Canceling Users I (the account holder) wish to cancel the use of bank account transfer (automated payments) for the following designated bank account.

Note: Affix your seal to the first and second of the three copies of this form. Be sure to fill in the necessary code and number.

Designated Bank Account	Financial Institutions <small>(Other than Japan Post Bank)</small>	Bank (Ginko) / Shinkin Bank (Kinko) Agricultural Cooperative (Nokyo) / Credit Union (Kumiai)						Branch Subbranch Office		金融機関コード・店コード			
		Account Type								Account Number			
	1. Ordinary/Comprehensive 2. Current 3. Other												
Fill out for either a financial institution or for Japan Post Bank	Japan Post Bank <small>(Post Office)</small>	Type Code	Contract Type Code		Passbook Code <small>(if there is a sixth digit, write it in the * space)</small>			Passbook Number <small>(write in right-aligned)</small>					
		166 176	28		*								
		Account Number to Be Paid		00760-1-960328			Name on Account to Be Paid		Kanazawa City Accountant				
Account Holder	Address												
	Reading						Passbook Registration Seal		T E L			Home / Workplace	
Name													
Relation to Payment Obligor		1. Self 2. Spouse 3. Parent/child 4. Other()											
Payment Obligor	Address												
	Reading						Passbook Registration Seal		T E L			Home / Workplace	
	Name												
National Health Insurance Premiums		Category		Code and Number						Preferred Transfer (Payment) Start (Cancellation) Year/Month			
		Code and Number		- -						(Year)(Month)			

For Financial Institution Use	(不備返却事由)	1. 預金取引なし				3. 印鑑相違			
		2. 記載事項等相違 (店名、預金種目、口座番号、口座名義)				4. その他 ()			

年月日		
検 収	印鑑照合	係印

For Japan Post Bank Use	コード	種 別
	28	国 民 健 康 保 険 料