

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							T E L	Home / Workplace			
	Name											
National Health Insurance Premiums		Category	Health Insurance Card Number					Preferred Transfer (Payment) Start (Cancellation) Year/Month				
		Health Insurance Card Number	/	/	/	/	/	-	(FY)(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 4. その他 (店名、預金種目、 口座番号、口座名義) ()			

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

Safe!

Convenient!

Use Bank Account Transfers (Automated Payments)

Provisions for Bank Account Transfers (Automated Payments)

1. When the bank account transfer notice is sent to the bank office (post office), please withdraw the amount shown on the bank account transfer notice from the designated deposit bank account stated on the back, and pay it to Kanazawa City on the transfer date without notifying me.
2. Regarding the procedure for the above, regardless of any contract on the designated deposit (savings) account, I shall not draw out current-account checks or submit deposit passbooks or invoices for refunds thereof. Therefore, please process transfer notices in the manner prescribed by your bank office (post office).
3. If the balance of the designated deposit (savings) account is less than the amount to be paid on the transfer date, I will not object to the return of the Transfer Notice without giving my prior notice.
4. I do not object to the cancellation of this account transfer (automated payment) contract if deemed necessary by your bank office (post office) or Kanazawa City. In addition, when changing or canceling this procedure for reasons of my own, I shall submit a request form (return form) to your bank office (post office).
5. I do not object to receipts not being issued for each month, and a bank account transfer payment notice (one-year lump sum) issued by Kanazawa City being sent instead
6. I will not inconvenience your office (post office) in the handling of these, even in the event of a disagreement.

Note: In the event that Japan Post Bank is designated, the automated payment provisions determined by Japan Post Bank shall also apply.

Points to Note Regarding Bank Account Transfers (Automated Payments) for National Health Insurance Premiums

◎This is a monthly transfer (no advance payment transfers).

1. As a general rule, payment transfers begin the month after the application procedure is completed.
2. The transfer date is the last day of each month.
3. If it is not possible to perform the transfer, a payment slip will be sent.
4. If financial institutions are closed on the last day of the month, the transfer will be performed on the next business day.
5. If there is a change to the householder (payment obligor), the bank account transfer (automated payment) will be canceled, requiring application procedures to be performed once again.

For Further Information Kanazawa City Insurance and Pension Section
076-220-2258