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| 児童扶養手当 支払金口座振替依頼書 | | | | | | | | | | | | | | | | | | |
| 新　規　・　変　更 | | | | | | | | | | | | | | | | | | |
| 証書番号 | | 第　　　　　　号 | | | |  | |  | | | | | | | | | | |
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|
| 公金受取口座への振込 | | □希望する(※)　　　　　　□希望しない  （※希望する場合、以下の金融機関情報の記入は不要です。） | | | | | | | | | | | | | | | | |
| 振込先金融機関 | | 銀　　行 | | | | | |  | | | | | | | | | | |
| 信用金庫 | | | | | | 支店 | | | | | | | | | | |
| 信用組合 | | | | | |  | | | | | | | | | | |
| 店　　番 | |  | |  | |  | |  | | | | | | | | | | |
| 振込口座 | 預金種別 | 普　通　　・　　当　座 | | | | | | | | | | | | | | | | |
| 口座番号 |  |  | |  | |  | |  | | |  | | |  | | | |
| フリガナ |  | | | | | | | | | | | | | | | | |
| 氏　　名 |  | | | | | | | | | | | | | | | | |
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| 中野区から私に支給される児童扶養手当は、今後上記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | |
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| 令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | |
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| 住　所 | | | | | | | | | | | | | | | | | | |
| 氏 名 | | | | | | | | | | | | | | | | | | |
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| 中 野 区 長 あて | | | | | | | | | | | | | | | | | | |
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| ※　口座は、受給者(申請者）名義にかぎります。 | | | | | | | | | |  |  | |  |  | |  |  |  |

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| 令和　年　月　日 |  |

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【区使用欄】