

For Those Completing the Direct Debit Authorization Form

The procedure for confirming the start of direct debit payments varies depending on the financial institution and the type of account you use.

Please be sure to check with your financial institution regarding the procedure for starting direct debit payments using a Direct Debit Authorization Form.

Note: Your financial institution may send you an email or SMS, or require you to complete additional procedures through an online login page.

Process for Starting Direct Debit Payments

[Applicants] Complete the Direct Debit Authorization Form and submit it to the Ward Office (mail it).

Ward Office → Financial Institution (for review and verification)

Incomplete information found

Returned to the applicant

(Financial Institution → Ward Office → Applicant)

Please check with your financial institution regarding the reason for the return.

No errors or omissions found

[Applicants] Correct the error(s) and resubmit the application

(Applicant → Ward Office → Financial Institution)

No errors or omissions found

A “Notice of Account Transfer Start” (postcard) is sent by the ward office to the head of the applicant’s household.

Account Transfer Begins

(Usually about 2 months after submission if no errors are found.)

*** If corrections are required, the start of account transfer may be delayed beyond 2 months.**

《Notes for Completing the Account Transfer Request Form》

Please write firmly with a ballpoint pen, as this is a carbon copy form.

記入例

Sample

Stamp on all three sheets (1st, 2nd, and 3rd).

* Affix your registered seal clearly in all **3 places**.

* To correct a seal impression, cross out the previous seal with double lines and stamp again without overlapping.

* For **Japan Post Bank**, a registered seal or registered signature is mandatory.
(Please confirm with the post office if unsure.)

Example of Re-stamping



[Seal Check!]

☐ I have clearly affixed my seal in all 3 designated places.

国民健康保険料

口座振替依頼書
自動払込利用申込書(収・加)

記号 番号
1 4 - 000000

届出日 令和 月 日

国民健康保険料の支払いについて、約定承諾の上、口座振替払いと還付金が発生した場合、下記口座へ振り込むことを承諾します。

Account Holder Name (Phonetic/Kana) ケンコウ ハナコ

健康 花子

Address 11 番 19 号

Head of Household Name 健康 花子

phone number 03 3228 5507

銀行等金融機関 信用金庫 信用組合 支店

金融機関コード 123 支店コード 1 口座番号(右づめ) 7654321

金融機関コード 99001 記号 1960 番号(右づめ) 12345671

種目コード 166 契約種別コード 28

払込先口座番号 00170-6-960274

払込先加入者名 中野区会計管理者

問合せ先 中野区 国民健康保険 国保収納係
〒164-8501 中野区中野四丁目11番19号
TEL 03 (3228) 5507

Financial Institutions Other Than Japan Post Bank (Yucho Bank)

* Enter the bank name, branch name, branch code, account type, and account number.

* Circle the applicable item.

Different sections must be completed depending on whether you use Japan Post Bank (Yucho Bank) or another financial institution.

The first page is for the customer's files.
Before sending, please remove this sheet, stick the pieces together, and mail it.

Example for Japan Post Bank

CASH CARD



Account Passbook

記号 番号
11960 12345671

お名前 ケンコウ ハナコ

株式会社ゆうちょ銀行

ゆうちょ銀行

* Enter your account symbol and number.

* You can find them in your passbook or on your cash card.