法人登録用

口　座　振　替　申　出　書

（債権債務者登録申出書）

令和　　年　　月　　日

佐賀県知事　　様

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| 申請区分（○で囲む） | | | | | | | | 債権債務者番号  （変更時のみ記入） | | | | | | | | | | | | | |  | | | 法人番号（13桁） | | | | | | | | | | | | | | | | | | | | | | | | | |
| １：新規　　２：変更 | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  |  |  |  | |  | |  | |  | | |  | | |
| 【申 出 者】 | | | | | **※個人事業主の方は、「個人登録用」様式をご利用ください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| カ　　ナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法人名  及び  代表者氏名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【所在地】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | 〒　　　　　　　　　― | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 電　　話 | | ―　　　　　　― | | | | | | | | | | | | | | | | | | | | | | | | | ＦＡＸ | | | | | | | | ―　　　　　　― | | | | | | | | | | | | | | | | | | | | | |
| 【振替口座】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金融機関名 | 銀行　　　　　　　　　　　　　　　　　　支店  　　　　　　　　　　　　　　　　（　　　　）　　　　　　　　　　　　　　　所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 預金種別(○で囲む) | １：普通預金（総合口座を含む）　　　２：当座預金　　　　３：納税準備預金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 口　座　番　号 | | | | | | | | | | |
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| 口座名義人  **（カナ）** |  | |  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | | |  | | |  |  |  |  |  |
| **振替口座通帳の口座名義人（カナ）が表記されているページ（表紙裏面等）を確認の上、ご記入ください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【工事前払金振替口座】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金融機関名 | 銀行　　　　　　　　　　　　　　　　　　支店  　　　　　　　　　　　　　　　　（　　　　）　　　　　　　　　　　　　　　所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 預金種別(○で囲む) | １：普通預金（総合口座を含む） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 口　座　番　号 | | | | | | | | | | |
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| 口座名義人  **（カナ）** |  | |  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | | |  | | |  |  |  |  |  |
| **振替口座通帳の口座名義人（カナ）が表記されているページ（表紙裏面等）を確認の上、ご記入ください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １．口座振替申出書の有効期限は申出日の属する年度とし、特別な事情がない限り年度ごとに自動更新されます。  ２．お預かりした個人情報は、適正な事務処理のためにのみ使い、ご本人の承諾なしに第三者に提供することは  ありません。詳しくは、佐賀県プライバシーポリシーをご参照ください。  （https://www.pref.saga.lg.jp/web/privacy/privacypolicy.html） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |
| 所属受付印 | | | | | | |
| **↓この申出書を記入されたご担当者の連絡先をご記入ください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | 〔受付所属〕　佐賀県　障害福祉課  〔担当者〕  〔連絡先〕 | | | | | | | | | | | | | | | | | | | | | | |
| 担当部署・氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | **－　　　　　－** | | | | | | | | | | | | | | | | | | | | | | |