**口座振込（変更）依頼書（兼　受領委任状）**

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以下の口座に、次に掲げる地域生活支援事業の振込を依頼します。

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|  | 年 |  | 月 |  | 日 |

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| 申請者（債権者） | 法人名称 |  | | | | | | | | | | | | | | | | |
| 郵便番号 | 〒 |  |  |  | － |  |  |  |  |  | | | | | | | |
| 所　在　地 |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 代表者氏名 | 印 | | | | | | | | | | | | | | | | |
| 事業所名称 |  | | | | | | | | | | | | | | | | |
| 事業所番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | － |  |  |
| 対象事業名 |  | | | | | | | | | | | | | | | | |
| 事業所番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | － |  |  |
| 対象事業名 |  | | | | | | | | | | | | | | | | |

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| 振　込　先 | 金融機関名 | |  | | | | | | | | | | | | | | | | | | | | | | 金融機関コード | | | | | | | | | |  | | |  | |  | | |  | |
| 店　舗　名 | |  | | | | | | | | | | | | | | | | | | | | | | 店舗コード | | | | | | | | | |  | | |  | |  | | |  | |
| 口座番号 | |  | |  | | |  | |  | | |  | | |  | |  | | | 預金種別 | | | | | | |  | | | |  | | | | | | | | | | | | |
| 名義人 | ﾌﾘｶﾞﾅ |  |  | |  |  | |  | |  |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  | |  | |  |  | |  |
| 氏　名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| 委任状 | 申請者（債権者）は口座名義人（受任者）に、上記給付費の受領に関する一切の権限を委任します。  　　　年　　　月　　　日  　委任者　　　　　　　　　　　　　　　　　　　　　　　　　　　印 |

**振込エラー防止のため**

**ここに振込先の　店番号、口座番号、口座名義人フリガナ　がわかる**

**通帳の写しを貼り付けるか、**

**以下に、取引金融機関の確認印を受けてください。**

上記口座が存在することを確認しました。

金融機関名　　　　　　　　　　　　　　　　確認印

確認年月日　　　　　　年　　　月　　　日