

(Information)

Please apply for automatic bank account transfer for National Health Insurance premiums.

Premiums will be automatically withdrawn from your designated account, helping you avoid missed payments.

Important Notes — Please Read Carefully

- *Premiums for all members enrolled in the household's National Health Insurance plan will be withdrawn from the account you register.
- *The withdrawal date is the last day of each month. If that date falls on a financial institution holiday, the withdrawal will occur on the next business day.
- *Receipts will not be issued. Please confirm payment status using your bankbook or other account records.
- *Before applying, please be sure to read the terms and conditions below.
- *If the withdrawal cannot be completed due to insufficient funds or another reason, a "Notice of Reattempted Withdrawal" will be sent. Any unpaid premium will be re-withdrawn together with the following month's premium (one reattempt only), so please ensure sufficient funds are deposited before the next withdrawal date.
- *All notifications regarding National Health Insurance premiums will be sent to the head of household (the person responsible for payment). If the account holder is different from the head of household, please make sure the account holder also reviews the notices.
- *If you would like to make a lump-sum annual payment of the insurance premiums (no discount applies), please contact the office below.
- *In mid-December, a notice listing the total premiums withdrawn from January through December of that year will be sent.
- *Reissuance is not available, so please keep it in a safe place.

Process Until Automatic Withdrawal Begins

- *It takes approximately two months from the time of application until automatic withdrawals begin. Depending on the financial institution, you may also receive direct confirmation by email or other means.
- *About one month before the first withdrawal date (the last day of the month), a "Notice of Commencement of Account Transfer" will be sent. Until then, please make payments in order of due date using the separately issued payment slips.

Mailing Instructions

- *Detach the green cover sheet.
- *Fill in the highlighted sections on the form titled: "Toshima City National Health Insurance Premium Account Transfer Request Form" (Automatic Payment) — Financial Institution Copy (first sheet).
- *On the customer copy (third sheet), hold the cut tab at the upper right and slowly tear along the perforation, then peel downward and keep it for your records.
- *Once you can see the adhesive section on the fourth sheet, fold it in half as is, seal it, and mail it in a post box.
- *You may also submit it directly to the National Health Insurance Section on the 3rd floor of the Toshima City Office, or to the Tobu or Seibu Residents Office.

Terms and Conditions (excluding Japan Post Bank)

1. When a billing request is sent to your bank, the bank may withdraw the amount stated on the bill from your deposit account and make payment by the deadline specified by the city, without notifying me. In such cases, the bank may process the payment according to its prescribed procedures regardless of the deposit agreement or current account agreement.
2. If, on the withdrawal date, the amount stated on the bill exceeds the amount available for withdrawal from the deposit account (including any overdraft limit), the bank may return the bill without notifying you.
3. If I wish to terminate this agreement, I notify the bank in writing. However, if there are reasonable circumstances such as no billing requests being made for a long period without such notice, the bank may treat this agreement as terminated unless otherwise instructed. In such cases, notification to me is unnecessary.
4. Even if any dispute arises regarding this agreement, you will not hold the bank responsible unless the issue was caused by the bank.
5. No receipt will be requested for these account transfers. If Japan Post Bank is designated, the automatic payment regulations for Japan Post Bank will apply.

List of Designated Financial Institutions



For Foreign Languages




Contact Information	Toshima City National Health Insurance Section — Account Transfer Section 2-45-1 Minami-Ikebukuro, Toshima-ku, Tokyo 171-8422 Phone: 03-3981-1468 (direct line)
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Sample Entry

Toshima City National Health Insurance Premium Account Transfer Request Form (Automatic Payment)

(New Change)

↑ Please circle one.

To the Financial Institution Handling This Request				Application Date		Year/Month/Day		
Head of Household	Furigana: コクホ タロウ			Date of Birth		Year/Month/Day		
	Taro Kokuho							
Address	Toshima-ku 101 Kopo Kokuho, 2-45-1, Minami-Ikebukuro *1							
Phone	03-3981-1111		National Health Insurance Symbol/Number				*2	
							16- 0 1 - 2 3 4 5	
Refund Account Agreement	Please select whether you agree to use the account below for refunds. If neither box is marked with a ✓, it will be considered that you agreed.							
	*3 <input checked="" type="checkbox"/>	I agree to have refunds deposited into the account below.			<input type="checkbox"/>	I do not agree to have refunds deposited into the account below.		
Bank, etc.	XX		Bank / Shinkin Bank Credit Union / Agricultural Cooperative		Branch Sub-branch Office			
	Financial Institution Code		Branch Code		Account Type		Account Number (right-aligned)	
	To Be Completed by the Financial Institution				1. Ordinary Savings 2. Current account		1 2 3 4 5 6 7	
Japan Post Bank	Financial Institution Code		Code (if there is a 6th digit, enter it in the * field)				Account Number (right-aligned)	
	9 9 0 0		1				0 *	
Account Holder	(Furigana) コクホ ハナコ					Registered Seal for Financial Institution		
	*5 (Name) Hanako Kokuho					*6 		
I hereby request and agree that the above National Health Insurance premiums be paid by automatic withdrawal (automatic transfer) from my bank account under my name, in accordance with the stated terms and conditions.								

・ Please write firmly in the shaded sections using a ballpoint pen or similar writing instrument. (Erasable ballpoint pens are not accepted.)

*1 In the address section, please include building name, building number, room number, etc. in full detail.

*2 The insurance symbol and number are listed on the Health Insurance Eligibility Certificate or Eligibility Notification of Health Insurance for National Health Insurance subscribers. Branch numbers are unnecessary.

*3 If a premium refund is due, please indicate whether you agree to have the refund deposited into the same account designated for automatic withdrawal.

*4 If correcting any information entered, please affix a correction seal (the same seal used as the registered seal, if applicable).

*5 The account holder may be someone other than the head of household. Please write the furigana section in katakana. If the account is registered in the Roman alphabet, write the furigana section in the Roman alphabet as well.

*6 Please clearly affix the seal registered with the financial institution on both the 1st and 3rd copies.

If you registered with a signature instead of a seal, please sign in the same style used during registration.

For online banks, etc., where no seal or signature registration exists, this is unnecessary.