|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 心身障害者福祉手当　口座（振込・振込変更）依頼書  １　練馬区から私に支給される心身障害者福祉手当の振込先について、公金受取口座の利用（利用とりやめ）を申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 公金受取口座  （どちらかに☑してください） | | 公金受取口座を利用します  ※公金受取口座を利用する場合、振込口座を記入する必要はありません  　公金受取口座の利用はしません  ※公金受取口座を利用しない場合、下記に振込口座を記入してください | | | | | | | | | | | | | | | | 振込先金融機関 | | 銀　　行  　　　　　　　　　　　　信用金庫  　　　　　　　　　　　　信用組合　　　　　　　　　支店  　　　　　　　　　　　　協同組合　　　　　　　　　出張所 | | | | | | | | | | | | | | | | 金融機関コード | |  | |  |  |  |  |  | |  | |  | |  | |  | | 振込先口座 | 預金種別 | 普通　　　　　　　当座 | | | | | | | | | | | | | | | | 口座番号 |  | | |  |  |  |  |  | |  | |  | |  | | | フリガナ |  | | | | | | | | | | | | | | | | 氏名 |  | | | | | | | | | | | | | | | | 認定番号 | | | 第　　　　　　　　　号 | | | | | | | | | | | | | |   ２　練馬区から私に支給される心身障害者福祉手当を、上記の口座に振り込んでください。  ３　練馬区から私に支給される心身障害者福祉手当を、今後、上記の口座に振り込まれるよう変更してください。  　　　　　　　　　　　　　　　　　　　　　令和　　　年　　　月　　　日  　　　練　馬　区　長　殿  　　　　　住所　練馬区  氏名  　　　　　　　電話　　　　　　（　　　　　　）   * 預金種別は、該当のものを○で囲んでください。 * 振込・振込変更の別は、該当の番号を○で囲んでください。 | | | | |
| 電算 |  | 台帳 |  |