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| 私への支払は、次により支払われるように依頼します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 提出依頼課： **保健部総務課** | | | | | | | | | | | | | | | | | | |
| 担当：　　　　　TEL： | | | | | | | | | | | | | | | | | | |
| **処理区分** | | 🗹 新規 | | | | | | | | □ 変更 | | | | | | | | | | | | | | | | | □ 廃止 | | | | | | | | | | **相手方番号** | | | | | | | | | | |  | | |  | | |  | |  | |  | |  | |
| **相手方種別** | | □ 業者 | | | | | | | □ 医療機関 | | | | | | | | | | | | | □ 官公署 | | | | | | | | | | | □ 各種団体 | | | | | | | □ その他法人 | | | | | | | | 🗹 個人 | | | | | | | | □ 金融機関 | | | | | |
| 〇太線の枠内のみ記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **法人名称**  **又は**  **屋号**  **若しくは**  **個人名** | | フリガナ | |  | | |  | | | | | |  | | | |  | | |  | | | | |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | |  | |  | | |  | | |  | |  | |  |  |
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| **支店等名称** | | * 個人の場合は、記入不要。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **代　 表　者　職　名**  **及　 び　 名 　 前** | | * 個人の場合は、記入不要。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **生　 年 　 月 　 日** | | * 個人の場合のみ生年月日を記入してください。   □大正　□昭和　□平成　□令和　□西暦　　　　　　　年　　　　月　　　　日生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | ※　電話番号は、必ず記入してください。  （　　　　　　）　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | ☐ 口座振込 | | | | | | | | | □ 窓口払 | | | | | | | | | | | | ※口座をお持ちの方は、口座振込を選択してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **※ゆうちょ銀行の場合、「他金融機関からの振込の受取口座」を記入してください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **振 込 口 座** | **金 融 機 関** | 金融機関コード | | | | | | | | | |  | | | |  | | |  | | | | |  | | | |  | | |  | | |  | | **預 金 種 目** | | □１ 普通／総合  □２ 当座  □４ 貯蓄  □９ その他 | | | | | | | | **口座番号（右づめで記入）** | | | | | | | | | | | | | | |
| 金融機関名　　　　　　支店名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  | | |  | |  | |  |
| **口座名義人カナ** |  |  |  | |  | | | | | |  | | | |  | | |  | | | | |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  |
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| 〇工事請負費等で保証会社と前金払の保証契約を締結している場合に記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **振 込 口 座**  **工 事 専 用 前 金 払** | **金 融 機 関** | 金融機関名　　　　　　　　　　　支店名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 金融機関コード | | | | | | | | | | | | | | |
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| **預 金 種 目** | **普通** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **口座番号** | | | | | | | | | |  | |  | |  | | |  | | |  | |  | |  |
| **口座名義人カナ** |  |  |  | |  | | | | | |  | | | |  | | |  | | | | |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  |
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問合せ先　　　〒720-8501　福山市東桜町３番５号

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|  | 照合  入力 |  |  |

・下記以外の債権者　：　会計課（084）928―1119

　　・　：　企画財政局財政部資産活用課（084）928―1017

　　・福山市工事等請負業者　：　建設局建設管理部建設政策課（084）928―1076