**口座振込（登録・変更・取消）依頼書**

年　　月　　日

　鳥取市自主防災会連合会長　様

　　鳥取市自主防災連合会から支払われる代金の口座振込について、次のとおり

(登録・変更・廃止)してください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 自主防災会名 | フリガナ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 肩書／  代表者氏名 | 肩書 | | | | | | 代表者氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 郵便番号 | | | |  | | | |  | |  | ― | | |  | |  |  | |  | |  | | | | | | | | | | | | | | | |
| 鳥取市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 振込口座 | 銀行・金庫  農協・組合 | | | | | | | | | | | | | | | | | | | 支店 | | 1普通  2当座 | | 口座番号 | | |  |  | |  | |  |  | |  | |  |
| 口座名義 | | | フリガナ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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**お願い：通帳の１ページ（表紙）と２ページ目をコピーして添付してください。**