

Paying Your National Health Insurance Premiums via Bank Transfer

Method of Paying Health Insurance Premiums

- Please set up a direct debit bank transfer (口座振替, *kouzafurikae*) to automatically make payments for your health insurance premiums.

Date of Direct Debit Bank Transfer

- The bank transfers will automatically be processed on the 27th of every month. If this falls on a holiday of your financial institution, the transfer will be processed on the following business day.
- If a bank transfer cannot be made due to insufficient funds in your account, a second attempt will be made on the 14th of the following month.

Application and Start of Transfers

- You can apply for a bank transfer using either your ATM cash card or a Bank Transfer Request Form (口座振替納付依頼書, *kouzafurikae noufuirasho*).
- A notification will be mailed to you around the 20th of the month in which the first bank transfer will be processed. Until you receive this notification, please make manual payments using your payment invoices.

1. Applying with an ATM cash card

- Bring your health insurance card and your ATM cash card with you to the ward or branch office of your place of residence.
(Please be aware that the accounts or cards of some financial institutions may not be accepted.)
- Once you apply, the first bank transfer will be processed on either the same or following month.
- If you have a cash card, you can easily apply without needing to bring the seal (印鑑, *inkan*) registered with your bank account.

2. Applying with a Bank Transfer Request Form (口座振替納付依頼書, *kouzafurikae noufuirasho*)

- Please fill out the request form and submit it to either your financial institution, or the ward or branch office of your place of residence.
- The first bank transfer will be processed 1-2 months after your application.

(1) Example of how to fill in the bank transfer request form (口座振替納付依頼書, *kouzafurikae noufuiraisho*) for Japan Post Bank (ゆうちょ銀行, *yuucho ginkou*):

神戸市		1枚目	
国民健康保険料口座振替納付依頼書 金融機関 金融機関 ゆうちょ銀行控			
太線の中だけ記入してください		平成 年 月 日提出	
世帯主 (納付義務者)	住所	神戸市 区 ① 町通 丁目 番地 号	
	(フリガナ)		
氏名 (口座名義人) (生年月日)	②	お届け印	2枚目も ③
	(年 月 日) 電話()		
口座名義人 (上記と異なる場合はご記入ください。)			
金融機関とゆうちょ銀行の どちらか一方に記入してください			
金融機関	※金融機関コード・支店コード		
ゆうちょ銀行	種目コード	通帳記号	通帳番号(右つめて記入)
銀 行	1 6 6 2 8 1	④ 0 の	⑤

← 1・2枚目に必ず押印をお願いします。

Important Points (Write in Japanese.)

- ① Write your address.
- ② Write your name exactly as shown on your ATM cash card or bank book (通帳, *tsuuchou*).
- ③ Affix the seal that is registered to your bank account on both the 1st and 2nd pages of the form.
If you have a signature registered to your bank account, sign those pages instead.
- ④ Write the 5-digit number that is on your ATM cash card.
- ⑤ Write the 8-digit number that is on your ATM cash card.

(2) Example of how to fill in the bank transfer request form (口座振替納付依頼書, *kouzafurikae noufuraisho*) for financial institutions other than Japan Post Bank:

(三井住友銀行 (Sumitomo Mitsui Bank), 三菱 UFJ 銀行 (MUFG Bank), みずほ銀行 (Mizuho Bank), りそな銀行 (Risona Bank), etc.)

神戸市		1枚目	
国民健康保険料 <input type="checkbox"/> 口座振替納付依頼書 自動払込利用申込書			
金融機関 ゆうちょ銀行控		平成 年 月 日提出	
太線の中だけ記入してください			
世帯主 (納付義務者)	住所	神戸市 区 ① 町通 丁目 番地 号	
	(フリガナ)		
	氏名 (口座名義人) (生年月日)	② (年 月 日) 電話 ()	
口座名義人 (上記と異なる 場合はご記入 ください)	お届け印 ③		
金融機関とゆうちょ銀行の どちらか一方に記入してください	金融機関 以外 の ゆうちょ 銀行	④ 銀行 信用金庫 信用組合 農協 ⑤ 支店 御中	
		預金種別 口座番号 (右づめで記入) ※金融機関コード・支店コード	
		1. 普通 ⑥ 当座 ⑦	

Important Points (Write in Japanese.)

- ① Write your address.
- ② Write your name exactly as shown on your ATM cash card or bank book (通帳, *tsuuchou*).
- ③ Affix the seal that is registered to your bank account on both the 1st and 2nd pages of the form.
If you have a signature registered to your bank account, sign those pages instead.
- ④ Write the name of your financial institution.

⑤Write the name of your financial institution's branch.

⑥Circle 「1. 普通総合」.

⑦Write the 7-digit number that is on your AT