

Sakai City School Lunch Fee **Direct Debit Request Form**
Automatic Payment Authorization



I hereby request that the school lunch fee payable to Sakai City be paid by direct debit or automatic payment, as detailed below, after confirming the agreement on the reverse side (excluding Japan Post Bank). Furthermore, in the event a refund of the school lunch fee is issued, I request that it be transferred to the account listed below.

		Date	(YYYY/MM/DD) / /	
(Designated Payer) Parent/Guardian, etc.	Address			
	KATAKANA			
	Full Name		Phone Number	
(School Lunch Recipient) Student	School Name	Sakai Municipal School		
	Grade/Class	ES 1st Grade · __Grade/Class__	ES 1st Grade · __Grade/Class__	ES 1st Grade · __Grade/Class__
	KATAKANA			
	Student Full Name			

©Fill out the "Financial Institutions besides Japan Post" or "Japan Post Bank" below.

Seal
Excluding Japan Post



		Bank Code (金融機関 CD)			Branch Code (支店 CD)			
Financial Institutions besides Japan Post		Bank · <i>Shinkin</i> Bank Credit Union (<i>Shinyo Kumiai</i>) · Labor Bank (<i>Rokin</i>) JA Group <i>Chuo Kinko</i>	Honten (本店) Shiten (支店) Shisho (支所) Shucchosho (出張所)	Deposit Type (預金種目)	Account Number (口座番号) *Align to right			
				1 Regular (普通) 2 Checking (当座)				
		KATAKANA				Seal (On page 2 as well)		
		Account Holder (Designated Payer)						

Japan Post Bank	Contract Type (契約種別)	Code Number (通帳記号)	※	Account Number (通帳番号) *Align to right			
	30						
	KATAKANA				Seal (On pg 2 as well)		
	Account Holder (Designated Payer)						
	Payee Account No.	00910-9-961068	Payee Name	Sakai City Accounting Manager			

Please only fill in the ※ column if there is a hyphen (-) and a number after the Code Number in the bankbook.