Bank Transfer Request Form

/ / (DD/MM/YYYY)

Kanazawa University

Working dept., etc. (Other than students)
Graduate Schools/Schools (Students)

Name(Katakana)

Name (Alphabet)

***Please handwrite the form without fail.**

Please transfer payments to my deposit account of financial institution specified below.

1. Name of account holder(Katakana)

2. Name of account holder (Alphabet)

3. Name of financial institution for transfer

4. Type of account

Saving account / Checking account

5. Account number (Please left-align the number)

Name of financial institution	Name of office/branch
1 Hokuriku Bank,Ltd 4 Sumitomo Mitsui Banking Corporation 2 Hokkoku Bank, Ltd. 5 Kanazawa Shinkin Bank 3 Bank of Mitsubishi UFJ, Ltd. 6 Other ( )	Head office Branch Sub-branch

6. DOB (in Western calendar)

				YY			MM			DD

7. Current address (for use in the certificate of income and withholding tax) *As for the University Administrative staff, entry is unnecessary.

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8. Telephone number

☎ ( ) -

For person in charge of Administration Dept. only

-Registration type

1 New 2 Modification 3 Deletion

-Creditor classification

*For full-time staff, fill in the staff code. Also, for other staff with the staff code (ex. Part-time staff), fill in the code.

1 Full-time staff 2 Other staff

- Modification/Deletion reason (Unnecessary for the New registration) ( )

*As for the travel expenses, circle the applicable registration type.

Travel expense classification	Internal / External
	Executives / Professors / Other staff / Students

-Account verification by person in charge Person in charge of Administration Dept. / Name of person in charge