

Payroll Direct Deposit Application

Date: / /

To:

Div./Dept.

Name: _____ 印
(signature)

I hereby authorize to receive payroll by direct deposit starting from (/) and submit application as follows;

Name of Bank		Branch Name	
Type of Account	<input type="checkbox"/> Ordinary Account • <input type="checkbox"/> Current Account		
Account No.			
Account Holder's Name			

Japan Post Bank

Account No.													
(First 5 or 6 digits)							(6 or 8 digits)						
(ex.)	15460-12345671 or 00100-0-100001												
Account Holder's Name													

《1》 Account must be the employee's own.

《2》 If there is any change in the content, notify it immediately.