

<영어 계좌 자동이체 신청서 작성 견본>

■ This is an application form for automatic transfer service. ※ Application by a personal (mobile) account number is not available.

Application for the Self-Employed Insured's <input type="checkbox"/> Automatic Transfer Account <input type="checkbox"/> Refund Account					
Payer Number	Health Insurance	12345678910		Payer's Name	Kim health
	National Pension				
Alien Registration Number	123456-1234567	Contact	Home: Mobile: 010-1234-1234		
Address		강원도 원주시 건강로 32, 8층			
<input type="checkbox"/> All <input checked="" type="checkbox"/> Health-Long-term Care Insurance <input type="checkbox"/> National Pension					

Auto matic Trans fer	Application Type		<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation				
	Financial Institution Name		NH농협	Account Number		1234-1234-123-12	
	Account Holder's Name		Kim health	Alien (Resident) Registration Number of Account Holder	123456-1234567	Contact Number of Account Holder	010-1234-1234
	Start (End) Month		2021.04	Desired Transfer Date	Health Insurance	<input checked="" type="checkbox"/> 25 th (Due date for prepaid foreigner's insurance contribution)	
					National Pension	<input type="checkbox"/> 10 th of the Following Month <input type="checkbox"/> End of the Month	
Optional Entry		Relationship with the Insured	본인	※ Please fill in if you're paying contribution for the insured. "I hereby agree to pay the contribution of the above payer by proxy." Agree <input type="checkbox"/> Applicant(Account holder) (Signature or Seal)			
		Transfer of Defaulted Contribution	<input type="checkbox"/> Installment Payment <input type="checkbox"/> Simple Default: mm yyyy ~ mm yyyy (months)			<input type="checkbox"/> Excluding Current Month (Mark "☑" if you want automatic transfer only for the defaulted contribution.)	
※ The arrears for automatic transfer shall be calculated on a daily basis upon the date of withdrawal. ※ In case your insurance contribution is not fully paid due to insufficient balance, you can reduce arrears by paying in prior to the next scheduled withdrawal date (D-2). Please contact the customer center (1577-1000) or branch office for more information on payment methods. ※ Please note the payment via virtual account, etc. after the automatic transfer billing date (2 days before withdrawal date) may result in double payment. ※ In case of prepaid foreigner insurance contribution, the automatic transfer may be cancelled by authority without notice after the withdrawal failure on regular withdrawal date (25 th) and 1 follow-up rebilling(10 th).							

Re fund Ac count	Application Type		<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation			
	Financial Institution Name		NH농협	Account Number		1234-1234-123-12
	Account Holder's Name		Kim health	Alien Registration Number of Account Holder	123456-1234567	Contact Number of Account Holder
※ If you apply for a refund account, future refunds shall be automatically deposited to your refund account. ※ Only the account for the person liable for payment can be applied, and when the account holder of the refund account loses the eligibility from the relevant household, the refund account is also cancelled by authority.						

[Agreement on Personal Information Collection and Utilization]

- Purpose of Collection and Utilization: Provision of seamless automatic transfer and contribution refund service
- Collected Items (Personal Information): **Required items** (name, contact number, address, and account information)
- **Retention and Utilization Period: 5 years after the termination or cancellation of the automatic transfer service / 5 years after the termination of the refund account in accordance with the Electronic Financial Transactions Act**
- The applicant has the right to refuse the collection and utilization of personal information, and in such a case, the application for automatic transfer service and refund account may be declined.

(Personal Information Collection and Utilization) Agree Do Not Agree

※ The National Health Insurance Service is able to process personal identification information in accordance with Article 81 of the Enforcement Decree of the National Health Insurance Act.

I hereby apply for the automatic transfer with full understanding on the explained terms and conditions of the automatic transfer. I agree to the provision of financial transaction information (name of transacting financial institution, branch name, account number, alien (resident) registration number, etc.) to the above transacting financial institution from the time of automatic transfer application to its cancellation, and the non-notification to the account holder concerning the provision of the above information in accordance with the terms and conditions and the regulations of the "Act on Real Name Financial Transactions and Confidentiality."

Application Date: 2021. 03. 15.

Applicant: Kim health (Signature or Seal)

To the Chairman of the National Health Insurance Service