別紙５

薬剤交付支援事業（配送料等の支援）

振込口座届出書

令和２年　　月　　日

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保険薬局コード

薬局名

所在地

**（振込先口座）**

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| 金融機関名 | 銀行　　　　　　　　　　　　　　　　　本店  　　　　　　　支店 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金融機関コード |  | | |  | | | |  | | | |  | | | | 店番号 | | | |  | | | |  | | | |  | | |
| 預金種別 | 普通預金　・　当座預金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座番号 |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |
| フリカナ |  |  |  | | |  |  |  | |  |  | |  | |  |  |  | |  | |  |  | |  |  |  | | |  |  |
| 口座名義 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**※通帳の表紙の裏面の写しを添付してください。**

**初回報告時に、メール・ＦＡＸ・郵送等で送付してください。**