

<영어 신용카드 자동이체 신청서 작성 견본>

■ This is an automatic payment application form for foreigners.

Application of Credit Card Automatic Payment for the Self-Employed
(This application must be personally prepared by the cardholder.)

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

☐ All ☒ Health-Long-term Care Insurance ☐ National Pension]

Application Type ☒ New ☐ Change ☐ Cancellation

Card Company Name	BC카드	Card Number	1234-1234-1234-1234	Expiration Date	12/21
Cardholder's Name	Kim health	Alien (Resident) Registration Number of Cardholder	123456-1234567	Contact Number of Cardholder	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(Cardholder) (Signature or Seal)	
	Payment 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 payment only for the defaulted contribution.)

※ Please note the payment via virtual account, etc. after the automatic payment billing date (2 days before approval date) may result in double payment.
 ※ In case of prepaid foreigner insurance contribution, the credit card automatic payment may be cancelled by authority without notice after the approval failure on regular approval date (25th) and 1 follow-up rebilling(10th).
 ※ Once the payment is approved by the card company, it cannot be cancelled.
 ※ Corporate credit card is not available for automatic payment application.

[Confirmation of Payer's Liability of Payment Agency Fee on Credit Card Automatic Payment]

The payment agency fee (0.8% of payment amount, 0.5% for debit card) incurred during credit card automatic payment must be paid by the payer (cardholder) in accordance with Article 79-2(Payment of Contribution, etc. by Credit Cards, etc.) of the National Health Insurance Act and Article 90-3 of the National Pensions Act.
 ※ The incurred payment agency fee is not refundable even if refund for insurance contribution occurs due to contribution settlement, etc.

(Payer's Liability of Agency Fee on Credit Card Automatic Payment) Confirm ☒

[Agreement on Personal Information Collection and Utilization]

- Purpose of Collection and Utilization: Provision of seamless automatic payment service
 - Collected Items (Personal Information): Required items (name, contact number, address, and card information)
 - Retention and Utilization Period: 5 years after the termination or cancellation of the automatic payment service 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 payment 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

<Tips>

- Fill in the "Payer's Name," "Alien Registration Number," "Contact," and "Address" of the person liable for payment.
- As the application details are different based on insurance, enter accurate information in the relevant insurance line.
- After marking "☑" in the "Application Info," enter the "Card Company Name," "Card Number," "Expiration Date," "Cardholder," and "Alien (Resident) Registration Number of Cardholder" accurately.
- For the "Start Month," enter the desired month in which the automatic payment is to start.
- "Payment of Defaulted Contribution" and "Relationship with the insured" are optional. Please check if they are relevant before entering.
- Please read the contents of the "Agreement on Personal Information Collection and Utilization" carefully and make sure to mark "☑" in the "Agree" box if you want the automatic payment service.
- For other questions regarding the application, please contact the relevant branch office or the National Health Insurance Service customer center 1577-1000.