**FORMA PŁATNOŚCI**

Imię i nazwisko wnioskodawcy …………………………………………………………………………………………………………....

Adres zamieszkania ……………………………………………………………………..……………………………………………………...

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NR PESEL

WNIOSKUJĘ O PRZEKAZANIE NALEŻNYCH ŚWIADCZEŃ Z FUNDUSZU ALIMENTACYJNEGO

OD MIESIĄCA …………………………………………………….W NASTĘPUJĄCEJ FORMIE:

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1. **Przelew na rachunek bankowy**

Nazwa banku: …………...................................................................................................................

Nr rachunku:

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(data i podpis wnioskodawcy)