附件3

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|  |  | 申请解除银行批扣协议缴纳城乡居民基本  养老保险费汇总表 | | | | | |  |
| **序号** | **姓名** | **身份证号码** | **乡镇** | **村居** | **申请理由** | **银行账号** | **解除起始年份** | **联系电话** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| **经办人员：**  **村（居、社区）签章 年 月 日** | | | | | **受理税务机关签章 年 月 日** | | | |