PREAUTHORIZED PAYMENT (PAP) AGREEMENT – Deadline June 30

1. REGISTRANT INFORMATION (Type in the spaces or print clearly)

Name: _____
Last First Middle

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

CRNNL Registration Number: _____ Telephone (include areacode): _____

E-Mail: _____

Registration Category: ____ Registered Nurse (Practicing) $412.47 ____ Nurse Practitioner (Practicing) $412.47
____ Non-Practicing $48.30 ____ Non-Practicing (65+) $34.52

2. BANK ACCOUNT INFORMATION

Bank Account Number: _____ Branch Transit Number: _____

Financial Institution #: _____ Account #: _____ Account Type: Chequing Savings

Financial Institution Name: _____

Branch Address: _____

City/Town: _____ Province: _____ Postal Code: _____

3. AUTHORIZATION

I authorize the College of Registered Nurses of Newfoundland and Labrador (CRNNL) to debit the bank account identified above in the amount of **$** _____ **per annum**, payable in six installments, to prepay CRNNL registration fees for the next registration year. The six installments for CRNNL registration fees will be debited to this account on the 15th of the months July to December. Should the 15th fall on a weekend, the debit will be made on the next business day.

This authorization is to remain in effect until such time as I revoke my authorization subject to providing up to 30 days notice to CRNNL. A cancellation notice form is required. This preauthorized debit agreement is personal as it covers the cost of CRNNL licensure/membership fees.

_____ _____
Signature of Account Holder Signature of Joint Account Holder (if applicable)

_____ _____
Name (please print) Name (please print)

_____ _____
Date Date

You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or if not considered with this Preauthorized Payment Agreement. If for any reason one of the above dated payments does not clear your bank account, or you cancel your Preauthorized Payment Agreement, you will be refunded any money collected, and notified that you no longer have the option to pay by PAP.

Please print and sign the completed form and mail it along with a blank cheque marked "VOID" to:
CRNNL Accounting, 55 Military Road, St. John's, NL A1C 2C5