



Pre-Authorized Payment Plan

CRPNM Registration # _____

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Email: _____

YES, I want to participate in the Pre-authorized Payment Plan

- I am a New Enrollee
- I am already enrolled and I am reporting changes to my Banking Information
- I have enclosed a VOID cheque
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I understand the following conditions apply:

1. I am agreeing to participate in the pre-authorized payment (PAP) plan for the pre-payment of my Practising registration and professional liability protection (CNPS) fees;
 2. The monthly PAP withdrawals are made the first day of each month from February to October. The last three payments (August/September/October) are adjusted if the registration and/or professional liability protection fee is increased for the following registration year;
 3. This agreement is in perpetuity;
 4. Any Pre-authorized debits that are refused by my bank will be subject to a \$50.00 service fee;
 5. Two NSF occurrences during the plan period will result in cancellation of my participation in the plan;
 6. It is my responsibility to promptly notify the CRPNM of any changes to my banking information;
 7. Requests for removal from the Pre-authorized Payment Plan must be submitted to the CRPNM in writing at least 10 days prior to the end of a month;
 8. Refunds, if applicable, will be transmitted to the same bank account I have used for the PAP plan within 2 weeks of my request to be removed from the plan;
 9. If I chose to be removed from PAP, I will be responsible for the payment of my Practising registration and professional liability protection fees, in full, at registration renewal.
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Signature: _____ Date: _____