

Pre-Authorized Payment Plan

CRPNM Registration Number: _____

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/Direct Deposit slip

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 RPN registration and professional liability protection (CNPS) fees.
2. The monthly PAP withdrawals are made the first day of each month from February to September. The last three payments (July/August/September) 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 registration and professional liability protection fees, in full, at registration renewal.

Please send completed form by email to crpnm@crpnm.mb.ca.

Signature: _____ Date: _____