

# PRE-AUTHORIZED PAYMENT FORM



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Vancouver, BC V6C 1S4  
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[finance@bccnp.ca](mailto:finance@bccnp.ca)

## 1. PERSONAL INFORMATION

Name (in full): \_\_\_\_\_ Registration # \_\_\_\_\_  
*Last name* *First name*

Mailing address: \_\_\_\_\_  
*Apt. #* *Street* *City* *Province* *Postal Code*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. BANK ACCOUNT INFORMATION

Deposit Acct # \_\_\_\_\_ Branch Transit # \_\_\_\_\_

Financial Inst. # \_\_\_\_\_  Checking Acct.  Savings Acct.

Financial Inst. Name \_\_\_\_\_

Branch Address: \_\_\_\_\_  
*Number* *Street* *City* *Province* *Postal Code*

**\*Please print this form and mail it to BCCNP with a copy of your "VOID" cheque**

## 3. PRE-AUTHORIZED PAYMENT DETAILS

I authorize the BC College of Nursing Professionals (BCCNP) to debit the bank account identified above the amount for estimated annual practising registration, payable in equal monthly installments, to prepay BCCNP practising registration fees for the next and each subsequent registration year. Regular monthly payments for BCCNP practising registration fees will be debited to this account on the **first Friday of each month**.

This authorization is to remain in effect until I revoke my authorization subject to providing up to 30 days' notice to BCCNP. This pre-authorized debit agreement is personal as it covers the cost of BCCNP registration 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. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)