PRE-AUTHORIZED PAYMENT FORM

900 – 200 Granville St
Vancouver, BC V6C 1S4
T: 604.742.6200
F: 604.899.0794
Toll-free 1.866.880.7101
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. CANCELLATION

Reason for cancellation:

- ☐ Retiring
- ☐ Moving
- ☐ Not working as an LPN
- ☐ Others (please specify): ____

Please stop all pre-authorized debits from my account beginning ____________________.

Date

NOTE: Please allow up to 30 days for this cancellation to take effect.

3. AUTHORIZATION

I, ______________________________, authorize the BC College of Nursing Professionals to cancel my authorization to issue pre-authorized debits from my account. I acknowledge that this cancellation does not terminate any other obligation that we may have with the college.

______________________________ ______________________________

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

Name *(please print)*	Name *(please print)*
Date	Date