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# Pre-authorized Payment Enrollment Form

Please email or fax the completed form and a copy of a VOID cheque to BCCNM Finance.

## Personal information

Last name \_\_\_\_\_ First name \_\_\_\_\_ BCCNM ID \_\_\_\_\_

Address (Apt/Box/#/Street) \_\_\_\_\_ City/town \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal code/zip code \_\_\_\_\_

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

## Bank account information

I have attached a copy of a void cheque or pre-authorized debit form.

## Pre-authorized payment details

I authorize the BC College of Nurses and Midwives (BCCNM) to debit the bank account on the attached void cheque the amount for estimated annual practising registration, payable in equal monthly installments, to prepay BCCNM practising registration fees for the next and each subsequent registration year. Regular monthly payments for BCCNM practising registration fees will be debited to this account on the **last 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 BCCNM. This pre-authorized debit agreement is personal as it covers the cost of BCCNM registration fees.

Signature of account holder

Signature of joint account holder (if applicable)

Name of account holder

Name of joint account holder

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)*