

PRE-AUTHORIZED PAYMENT AGREEMENT

REGISTRANT INFORMATION (Type in the spaces or print clearly)

Name:											
	Last					First	First			Middle	
NSCN Registration Number:											
Mailing Address:											
		Apt/Box No. Number			Street	Street					
			, public, i	10.		01001					
City/Town					Province	Province			Postal Code		
Telephone:					Email:	Email:					
Category of Registration: Cicensed Prac				Practic	al Nurse	Registered	d Nurse	C) Nurse I	Practitioner	
BANK ACCOUNT INFORMATION											
Deposit Account Number:						Branch Transit Number:					
Financial Institution Number:						Che	Chequing Account		Savings Account		
Financial Institution Name:											
Branch Addı	ress:										
Branony ad		Number	Street			City		Provir	nce	Postal Code	
A blank cheque marked "VOID" must accompany this application.											
PRE-AUTHORIZED PAYMENT DETAILS											
I authorize t	he Nov	/a Scotia Co	llege of N	lursing	to debit the	bank account	identified abo	ove in	the amo	unt of:	
O LPN \$23.35			🔵 RN \$35.6			.65	5		NP \$42.23		
payable in 16 installments on the 14th and 28th of each month from November 14th to June 28th. This authoriza- tion is to remain in effect until such time as I revoke my authorization subject to providing up to 30 days notice to NSCN. This pre-authorized debit agreement is personal as it covers the cost of NSCN registration fees.											

Signature of Account Holder	Signature of Joint Account Holder (if appropriate)				
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 Payment Agreement. To obtain more information on your recourse rights, contact your financial institution or visit <u>www.cdnpay.ca</u>

Mail or fax completed form and a blank chequed marked "VOID" no later than October 31, 2022 to: NSCN Finance Officer, 300-120 Western Parkway, Bedford, NS B4B 0V2 Fax: 902-377-5188