



Preauthorized Payment Plan Application

College of Licensed Practical
Nurses of Manitoba

Preauthorized Payment Plan (PPP)

The Preauthorized Payment Plan is a prepayment option that authorizes CLPNM to make 12 monthly withdrawals annually from your account. The withdrawals occur automatically on the 15th of every month, starting November 15th. If you are submitting the PPP application form for the first time this year, you will still need to pay for your 2012 Registration. **The PPP is advanced payment for the future registration year.**

Withdrawal amounts for 2013 will be 11 monthly payments of \$30.63; the 12th payment will be \$30.57. The payments will begin November 15th and end October 15th the following year.

Frequently Asked Questions about the Preauthorized Payment Plan

What is the PPP?

The PPP is a prepayment option that authorizes CLPNM to make 12 monthly withdrawals from your bank account beginning in November and ending October of the following year. **The PPP is an advance payment for the following year.**

Do I have to sign up every year?

No. Once you have initially registered for the preauthorized payment plan, monthly withdrawals will occur towards your active practising registration until CLPNM receives written notice from you to stop them.

Does being registered for the PPP mean my active practising registration automatically renews?

No. You are not considered registered until your registration application form has been received in the CLPNM office; and the application has been assessed to ensure you meet the requirements for eligibility on CLPNM's active practising register.

What happens if my payment is not valid or is refused by the bank?

Any occurrence of "Non Negotiable Transactions" (NNT), or changes in bank accounts that void a withdrawal (i.e. account closed, stopped payments) will result in a \$50.00 NNT charge for each occurrence.

How do I stop PPP?

Send a written notice to CLPNM to stop PPP. A refund of fees paid for the registration year will be sent to you.

How to Apply

1. Fill out the application portion of this form.
2. Sign and date the application.
3. Attach a "VOIDED" blank personal cheque.
4. Return to CLPNM by mail.

If you have any questions regarding the Preauthorized Payment Plan, please contact Barb Palz, Business Manager at bpalz@clpnm.ca or at the CLPNM's office at (204) 663-1212.

Important Information

- **WRITTEN NOTICE IS REQUIRED TO STOP PPP.**
- Changes to your account are required in writing, with a "VOIDED" blank cheque at least 10 business days before the beginning of the month in which a scheduled withdrawal occurs.
- Any occurrence of "Non Negotiable Transactions" (NNT), or changes in accounts that voids a withdrawal (i.e., insufficient funds, account closed, stopped payments) will result in a penalty fee of \$50.00.

Preauthorized Payment Plan Authorization Application

To be completed by the account holder(s).

Return this form with a blank cheque marked "VOID" to the Business Manager at CLPNM no later than October 15, 2011. **(ONLY complete this form if you are not currently enrolled on the payment plan).**

Withdrawal amounts for 2013 are 11 monthly payments of \$30.63 and the 12th payment will be \$30.57.

Name: _____ **LPN Registration Number:** _____

Address: _____ **Phone Number:** _____

City: _____ **Province:** _____ **Postal Code:** _____

FINANCIAL INSTITUTION

Name: _____

Branch Address: _____

_____ **Bank Number**

_____ **Transit Number**

_____ **Account Number**

I understand that the Payment Withdrawal Date will be on the 15th of every month, beginning in November of each year and ending in October of the following year.

I, the above named LPN member, agree to participate in this preauthorized payment plan and I authorize CLPNM to debit my account based on the annual prepayment schedule. I agree to prepay my registration fee in 12 monthly withdrawals through the preauthorized payment plan.

I understand that registration renewal fees are determined by CLPNM *By-law Article II (2.2)*. I will be informed of/and agree to any adjustment in PPP payments required to cover the balance of my registration fees. Notice will be provided through an official CLPNM Publication prior to an adjustment withdrawal.

I may cancel this authorization at any time by delivering a written notice of cancellation to CLPNM. I agree that cancellation of this authorization does not terminate my current registration status with CLPNM. This authorization applies only to the method of payment and does not have any bearing on my registration status.

I agree that the Financial Institution is not required to verify whether these payments are properly debited from my account.

I agree that delivery of this authorization to CLPNM constitutes delivery by me to the Financial Institution.

I agree to inform CLPNM, in writing, of any changes in the Account information provided in this authorization at least 10 business days before the beginning of the month in which a scheduled PPP withdrawal occurs.

I warrant that all the persons whose signatures are required to sign on this Account have signed the Authorization below.

I understand and agree to the above terms and conditions. (If you require a copy of this form for your records, copy prior to sending in form to the CLPNM Office)

I understand that each and every occurrence of "Non Sufficient Funds" (NSF) or changes in accounts that voids a withdrawal (i.e., account closed, stopped payment) will result in a CLPNM Non Negotiable Transaction (NNT) penalty fee of \$50.00 per occurrence.

I understand that if I have 3 occurrences of an NNT, the CLPNM will take me off the preauthorized payment plan, and I will be required to pay the yearly registration fee by certified cheque or money order.

Signature of Account Holder

Date

Signature of Account Holder

Date