



SUBSCRIPTION DEADLINE: Jan 15/19

## PRE-AUTHORIZED PAYMENT PLAN (PAP) SUBSCRIPTION FORM FOR 2020

The Pre-Authorized Payment Plan (PAP) is a pre-payment option that allows members to pay their 2020 Registration Renewal fee for an Active Practice Permit in 10 monthly payments of \$35 withdrawn from their bank account.

The Subscription Deadline is January 15, 2019.

New subscribers to PAP cannot use PAP to pay for their 2019 Registration Renewal fee.

### SUBSCRIBERS

- Subscribers must have an Active Practice Permit for 2019 to be eligible to use PAP for the year 2020.
- Subscriber's bank account will be automatically debited as per payment schedule shown below.
- If a payment is returned due to non-sufficient funds (NSF) on the first of the month, a second automatic withdrawal will be attempted five (5) banking days later. If the second withdrawal returns NSF, a \$60 payment is required (\$35 PAP payment + \$25 NSF fee) to remain on PAP.
- If your bank account is closed and you cannot be contacted, or if you have had two (2) NSFs, you will automatically be cancelled from PAP and CLPNA will issue a refund for the amount withdrawn to date less a \$25 administration fee.

### CHANGES IN BANKING INFORMATION

- To notify regarding a change in bank information, submit a NEW VOIDED cheque or bank confirmation to CLPNA "Attention: Finance" at least seven (7) banking days prior to payment date.

### CANCELLATION

- To cancel your PAP subscription, submit a written request for cancellation "Attention: Finance" at CLPNA by fax 780-484-9069 or e-mail [finance@clpna.com](mailto:finance@clpna.com). A \$25 administration fee will be charged to refund payments withdrawn up to the date of cancellation.

### PAYMENT SCHEDULE FOR 2020 SUBSCRIBERS

1-Feb-2019	\$35	1-Mar-2019	\$35	1-Apr-2019	\$35	1-May-2019	\$35	1-Jun-2019	\$35
1-Jul-2019	\$35	1-Aug-2019	\$35	1-Sep-2019	\$35	1-Oct-2019	\$35	1-Nov-2019	\$35

<b>TOTAL FUNDS ACCUMULATED by November 1, 2019 towards 2020 Registration Renewal</b>	<b>TOTAL = \$350</b>
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SUBSCRIBERS	PERSONAL INFORMATION (Please Print)	
<input type="checkbox"/> I wish to <b>ENROLL</b> in the Pre-Authorized Payment Plan (PAP) for the year 2020. <b>Enclosed</b> is my Personal Cheque marked "VOID".  <input type="checkbox"/> I wish to <b>CONTINUE</b> on the Pre-Authorized Payment Plan (PAP) for the year 2020 <b>and my NEW banking information has changed. Enclosed is</b> personal cheque marked "VOID".  <input type="checkbox"/> I wish to <b>CANCEL</b> my subscription to the Pre-Authorized Payment Plan (PAP) for the year 2020.	CLPNA Registration Number:	
	Name:	
	Address:	
	City:	Postal Code:
	Phone Number:	
	Signature:	