



SUBSCRIPTION DEADLINE: Jan 15/20

PRE-AUTHORIZED PAYMENT PLAN (PAP) SUBSCRIPTION FORM FOR 2021

The Pre-Authorized Payment Plan (PAP) is a pre-payment option that allows members to pay their 2021 Registration Renewal fee for an Active Practice Permit in 10 monthly payments of \$35 withdrawn from their bank account.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, 2020.

New subscribers to PAP cannot use PAP to pay for their 2020 Registration Renewal fee.

SUBSCRIBERS

- Subscribers must have an Active Practice Permit for 2020 to be eligible to use PAP for the year 2021.
- 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if you have had two (2) NSFs, you will automatically be cancelled from PAP and CLPNA will issue a refund for the amount withdrawn to date less a \$25 administration fee.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 VOID 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: Registrar" at CLPNA by fax 780-484-9069 or e-mail registration@clpna.com. A \$25 administration fee will be charged to refund payments withdrawn up to the date of cancellation.

PAYMENT SCHEDULE FOR 2021 SUBSCRIBERS

1-Feb-2020	\$35	1-Mar-2020	\$35	1-Apr-2020	\$35	1-May-2020	\$35	1-Jun-2020	\$35
1-Jul-2020	\$35	1-Aug-2020	\$35	1-Sep-2020	\$35	1-Oct-2020	\$35	1-Nov-2020	\$35

TOTAL FUNDS ACCUMULATED by November 1, 2020 towards 2021 Registration Renewal	TOTAL = \$350
--	----------------------

SUBSCRIBERS	PERSONAL INFORMATION (Please Print)	
<input type="checkbox"/> I wish to ENROLL in the Pre-Authorized Payment Plan (PAP) for the year 2021. Enclosed is my Personal Cheque marked "VOID". <input type="checkbox"/> I wish to CONTINUE on the Pre-Authorized Payment Plan (PAP) for the year 2021 and my NEW banking information has changed. Enclosed is personal cheque marked "VOID". <input type="checkbox"/> I wish to CANCEL my subscription to the Pre-Authorized Payment Plan (PAP) for the year 2021.	CLPNA Registration Number:	
	Name:	
	Address:	
	City:	Postal Code:
	Phone Number:	
	Signature:	