



Pre-Authorized Chequing (PAC) Plan

Authorization of the Account Holder(s) for the College (Payee) to direct debit an account

Account Holder

Registration #

Last Name

Given Name(s)

Address

City/Town

Province/State

Postal/Zip Code

Email

1. In this authorization, “I” “me” and “my” refer to each Account Holder who signs below; “Financial Institution” refers to the banking facility indicated on the ‘VOID’ cheque enclosed; and Payee refers to the College of Registered Nurses of Manitoba (the College) 890 Pembina Hwy., Winnipeg, MB, R3M 2M8
2. I agree to participate in this pre-authorized debit plan and I authorize the College to draw a debit in electronic form (Pre-Authorized Debit) on my account at the Financial Institution branch for the following purpose: Registration Fee, under terms and conditions agreed to, by me, with the College.
3. I may revoke this authorization at any time by delivering a written notice of revocation to the College. I agree that revocation of this Authorization does not terminate my registration with the College. This authorization applies only to the method of payment and does not have any bearing on my registration status.
4. I agree to have quarterly withdrawals taken from my bank account towards my registration fees through pre-authorized debit. I understand that registration renewal fees are determined by College Bylaw IX.
5. I understand that there is a transaction fee (currently \$1.58 including GST) per Pre-Authorized Debit that is included in the published debit amounts which may be revised.
6. I understand that the quarterly amounts withdrawn are based on my current registration type and that if I change my registration type additional fees or a refund in fees paid may be required. I will be informed of any adjustment in debit payments required to cover the balance of my registration fees resulting from a change in registration type.
7. Prior to an adjusted withdrawal, a schedule of payment dates and withdrawal amounts will be provided through an official College publication, such as the RN Journal and/or the College website to inform all participants of the PAC program.



**College of
Registered Nurses
of Manitoba**

8. I may dispute a pre-authorized debit (a “disputed debit”) by providing a signed declaration to the College under the following conditions:
 - a) an authorization was never provided to the College
 - b) the Pre-Authorized Debit was not drawn in accordance with this Authorization including failure to provide prior notification in the case of variable amounts;
 - c) this Authorization was cancelled;
 - d) the Pre-Authorized Debit was posted to the wrong account due to invalid or incorrect information supplied by the College.
9. On receipt of written declaration from me that condition (a), (b), (c), or (d) occurred, the College will reimburse me for any Disputed Debit that was posted to my account.
10. I agree that delivery of this Authorization to the College constitutes authorization to my specified Financial Institution.
11. I understand that should the debit be unsuccessful due to invalid or incorrect information supplied by the Account Holder or should there be inadequate funds available a non-sufficient funds (NSF) fee as set by the College’s Board of Directors, (currently \$52.50 including GST) will be applied.
12. I will inform the College, in writing, of any change in the Account information provided in this Authorization NO LESS than 5 business days prior to the next withdrawal date of the Pre-Authorized Debit. Failure to do so will result in a non-sufficient funds (NSF) fee (currently \$52.50 including GST).
13. I understand that should I have three NSF fees applied, I will be automatically discontinued from PAC and reimbursed any existing monies previously collected by the College minus any outstanding fees. Furthermore, I cannot reapply for PAC until after one year has lapsed since the most recent NSF fee was applied.
14. I warrant that all persons whose signatures are required to sign on the Account have signed this Authorization below.
15. I understand and agree to the foregoing terms and conditions.

Signature of Account Holder

Date

Signature of Secondary Account Holder

Date

PLEASE RETURN THIS SIGNED FORM WITH A BLANK CHEQUE MARKED “VOID”