

Pre-Authorized Payment Plan Subscription Application

This form is to be completed by the account holder
Return this form with a personal cheque marked "VOID"
Withdrawals in the amount of \$51 from March 15th until October 15th

Name: _____ SALPN Registration Number: _____

Address: _____ Phone Number: _____

City: _____ Postal Code: _____

I wish to Enroll in the Pre-Authorized Payment Plan (PPP) for 2019.
Enclosed is my Personal cheque marked "VOID"

I wish to **remain** Enrolled in the Pre-Authorized Payment Plan (PPP) for 2019. Please use my current banking information that has been previously provided or if my banking information requires updating, it will be attached to this application.

I attest that:

I understand that the PPP withdrawal date is the 15th of each month beginning in March and ending in October.

I am in agreement to participate in the pre-authorized payment plan and permit the SALPN to debit my account based on the annual prepayment schedule. I agree to prepay my 2019 license in 8 monthly withdrawals by means of the Pre- Authorized Payment Plan.

I am in agreement that the annual renewal fees are determined by the SALPN Administrative Bylaw: Renewal of annual practising licenses; 5(1). If a fee change occurs, I agree to adjust my PPP payments to cover the balance.

I may cancel my participation in PPP, provided that I notify the SALPN of such In writing seven (7) days prior to the scheduled withdrawal date. I agree that cancelling this payment plan will result in an additional \$25 administration fee. I agree that cancelling this payment plan does not affect my current licensure status.

I am in agreement that I will inform the SALPN of any changes in regard to my banking information and provide them with an updated "VOIDED" cheque to continue in the program.

If updated banking information is not received by the SALPN seven (7) days prior to the scheduled withdrawal date, an additional \$25 administration fee will be charged.

I agree that the SALPN will charge \$50 and/or the associated bank fee **for any** NSF transaction.

I agree that, as a PPP Applicant, I will be removed from the PPP Program after a 2nd NSF occurrence. All monies collected will be returned to the PPP Applicant, less the \$25 administration fee **and** the \$50 NSF fee(s) and/or the associated bank fee(s). In these event, I am solely responsible to ensure my licensure fees are paid, prior to the deadline, and assume responsibility for any late fees (if applicable).

I understand and agree to the above terms and conditions.

Name

Date