



# Pre-Authorized Payment (PAP)

I hereby authorize the College of Physicians & Surgeons of Alberta (payee) to debit my account (as identified by the attached voided cheque) for: *(select only one)*

- Annual College Practice Permit fee
- Annual Professional Corporation fee
- Annual College Practice Permit AND Professional Corporation fee

I authorize debit to take place during the month of December each year, for the fee(s) applicable for the following calendar year. I further authorize increases to these amounts, as established by the College's Council.

I understand I can cancel this authorization at any time by notifying the College in writing. I also understand I am responsible for providing the College with a new void cheque if I change my banking information. *(see note 3)*

**Payor Information:** *(please print)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

CPSA Registration #: \_\_\_\_\_ CPSA Professional Corporation #: \_\_\_\_\_

Signature(s): *(see note 2)*

\_\_\_\_\_ Date Signed: \_\_\_\_\_

\_\_\_\_\_

**Important Notes:**

- 1. You must enclose a sample VOID cheque of your banking account with this authorization.**
2. For a joint account, if more than one signature is required, all signatories must sign this authorization.
3. If this account is closed, it is your responsibility to notify the College immediately of alternative arrangements for payment of the annual fee(s).
4. Only Canadian bank accounts are eligible for the College's PAP plan.
- 5. PAP plan members must still complete and submit the Registration Information Form (RIF) and, if applicable, any Professional Corporation Information Forms (PCIF).**

## Pre-Authorized Payment: Terms & Conditions

1. In this Authorization “we”, “us” and “our” refers to the Payor indicated on the reverse hereof.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the College of Physicians & Surgeons of Alberta (the “Payee”) indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a “Business PAD”) on our account indicated on our attached void cheque (the “Account”) at the financial institution indicated on our attached void cheque (the “Financial Institution”) and we authorize the Financial Institution to honor and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Business PAD.
5. We agree that delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee’s financial institution and agree to the disclosure of any information which may be contained in this Authorization to such financial institution.
6. We agree to either waive the requirement of receiving written notice from the Payee of the amount to be debited and the due date(s) of debiting, or to abide by any modification to the requirement as agreed to with the Payee.
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
  - (a) the Business PAD was not drawn in accordance with this Authorization;
  - (b) this Authorization was revoked; or
  - (c) any pre-notification required and not waived by section 6 was not received by us.
8. We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such Business PAD.
9. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in the Authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
10. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization on the reverse hereof.
11. We understand and agree to the foregoing terms and conditions.
12. We agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

***Please complete the information on other side of this page.***