



COLLEGE OF NURSES AOTEAROA (NZ) Inc

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Palmerston North.

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Website: www.nurse.org.nz

## Automatic Payments of Membership Fees

*Please find the details below for setting up new Automatic payments for your membership fees. You may take this form into your bank, use the automatic payments facility if you have online banking or give this form to your employer. Payments must be set up with the reference details exactly as we have requested please and all details below filled in. Please take a copy for your own records and return this form to us as soon as the payment is set up. It is essential that your name appear on the reference details we receive on our statement, please remember to make certain that it is set up correctly as per the instructions below.*

As you (or your employer) are responsible for initiating these payments through your own bank please be aware that:

- The College office must be notified of any change of address, email and phone numbers.
- If there are Membership fee changes in the future you will be notified in writing and it will be your responsibility to make the necessary changes to your online payments within 30 days.
- If you resign your membership with the College of Nurses, we must be notified in writing (or email) prior to you cancelling your automatic payments.
- You are liable for any missed payments (or insufficient funds notifications) and any associated bank fees incurred by us.
- If you change employment and fees are paid by your employer, you must notify us in writing of the changes and supply us with new details for your automatic payments.

I agree to the above conditions for Automatic payments of my College membership fees.

Membership Name .....

Signed ..... Date.....

### New / Amended Payment Details (please circle)

**Monthly fees should be paid into our BNZ College Account - 02 0719 0193130 097**

Your Bank Account Name ..... *Exactly as your bank records show please.*

Monthly Membership Fee..... *\$32.80 Member, \$37.50 Fellow, \$18.75 Retired, contact the college office for part time or other rates*

Payments made on..... *Day of the month your payment will be regularly made e.g. 6<sup>th</sup>*

Reference details .....(exactly as you have entered them – **see below**)

**In order for us to match your payments the reference details are essential.**

Please enter reference details for payee with your "NAME SURNAME " please enter exactly as stated here, first name then as much of the surname as will fit in the space provided, we do not require any other information just your membership name (please check it is the same as we have it stated on the attached documentation).

**Please return this form to the college office ASAP after the payments have been set up.**