COLLEGE OF NURSES AOTEAROA (NZ) Inc
P O Box 1258
Palmerston North.
Phone (06) 358 6000
E-mail: admin@nurse.org.nz
Website: www.nurse.org.nz

Automatic Payments of Membership Fees from July 2019

New / Amended Payment Details (please circle)

Please find the details below for setting up 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 to set up your payments. We cannot set them up for you. Please return this form to us as soon as the payment is set up.

It is essential that your Membership name (FIRST NAME followed by your SURNAME) appear in the payment reference details we receive on our statement. Our system is unable to match initials, titles or just surnames to your account. Please take care to set this up correctly the first time if you have any questions please phone the office.

As you (or your employer) are responsible for initiating these payments through your own banking system please be aware that the following conditions apply:

- 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 is your responsibility to make the necessary changes to your online payments within 30 days.
- To resign your membership or cancel this agreement for Auto payments with the College of Nurses, we must be notified in writing (or email) prior to you cancelling your automatic payments.
- If fees are paid by your employer and you change employment, you must notify us in writing of the changes by completing a new form with new details for your automatic payments within 30 days.
- You are liable for any missed payments (or insufficient funds notifications) and any associated bank fees incurred by us and these must be made up within 30 days of notification by email or post.
- Missed or incorrect payments or reference details will incur a $10 Admin fee each month.

All automatic payments for fees must be paid into our BNZ Account - 02 0719 0193130 097 (or 97 if your bank only has two spaces available for the suffix.)

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

Membership Name …… …… **Email** ……
(First Name Surname)

Signed …… **Date**……

Your Bank Account Name □□□□□□□□□□□□□□□□□□□□□□□□

Membership Fee □□.□□ Monthly – Member $38.50, Fellow $38.50, Part Time $28.50, Retired $22.00

Payments made on □□day of the month(e.g. 6th or 20th Must be a consistent date or next business day for weekends)

Date of First Payment □□/□□/□□□□

College Reference/Particulars □□□□□□□□□□□ □□□□□□□□□□ □□□□□□□□□□
Details as entered First name Surname
(**Enter your FIRST NAME followed by your SURNAME, continue into the next field if you need the space. We only need your name, please do not enter any other information in the reference fields.**)

Please return this form to the college office ASAP by email or post after the payments have been set up.