

Pre-authorized payments

- It's an easy, convenient way to pay dues. You can spread payment of dues over the year, or have one full payment automatically withdrawn from an account.
- Authorization is required two weeks before the first withdrawal date (1st of the month). If this deadline is missed, your first payment can be made by cheque and the remaining will be automatically withdrawn from your account.
- You can stop the pre-authorized payments at any time and revert to paying in full.
- There is a 2.5 per cent administrative fee for monthly payments.

Signing up is easy

Print, complete, and mail the attached pre-authorized payment plan form.

Return the form, your invoice and a void cheque to:

Catherine Carnegy
c/o Doctors Nova Scotia
25 Spectacle Lake Drive
Dartmouth, NS, B3B 1X7
Fax: (902) 468-3976

Once the initial form has been received, each year thereafter you will receive a bill for the new year approximately 30 days before dues are payable. You will also be notified of any change in dues.

Since all bank account debits will be automatic, you need only contact Doctors Nova Scotia to report changes.

Remember to notify Doctors Nova Scotia at least two weeks before the next debit date if your banking information changes. In this case, send a new void cheque with written authorization.

Payment is based on the appropriate dues for each member category, and on any changes or cancellations about which Doctors Nova Scotia was notified during the year.

Pre-authorized Payment Plan: Authorization form

Member's name: _____

Business phone #: _____ Home phone #: _____

Bank or trust company name: _____

Bank or trust company address: _____

Bank account number: _____
Transit number Transit code Account #

**Authorization to honour cheques drawn by
Doctors Nova Scotia**

I/we hereby authorize you to debit my/our account indicated above for all payments payable to Doctors Nova Scotia. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing Doctors Nova Scotia to pay as indicated and to debit the amount specified to my/our account. This authorization may be cancelled on 30 days written notice by me/us. Any delivery of this authorization to Doctors Nova Scotia constitutes delivery by me/us.

I/we choose the following payment option:

_____ Monthly payment (10 monthly withdrawals from my/our account as per the schedule below)

_____ Yearly payment (one withdrawal from my/our account, no service fees charged)

_____ Date _____ Signature _____ Signature

REMEMBER: Include a void cheque

For any account where more than one signature is required on cheques issued against the account, the minimum number of authorized signatures must sign, and they should indicate their official titles.

**2015-16 FISCAL YEAR
PRE-AUTHORIZED PAYMENT SCHEDULE
10 equal monthly payments Oct. 1, 2015 - July 1, 2016**

Category (Based on invoice)	First monthly payment (Includes admin charge)	Nine other payments (Nov. 1- July 1, 2016)	One full payment (Oct. 1, 2015)
Full member – NS only	\$ 206.25	\$165	\$ 1,650
Full member – with CMA	\$ 268.13	\$214.50	\$ 2,145