



PAYMENT FORM

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the “College”) under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

By completing this form, you consent CNPBC to withdraw the indicated amount from your account on or after the indicated date. This consent is for a single transaction and in no case does it authorize any other operation related to your account.

The information provided below will be retained for up to thirty (30) days to permit payment transactions with your financial institution. After thirty (30) days, it will be removed from our active records management system. Any Information that remains in our backup system is securely stored and isolated from any further processing until deletion is possible.

Please indicate the method of payment and provide details or enclose payment as applicable:

- Bank Draft/Money Order *(Instructions in grey box below)*
- VISA
- Cheque *(Instructions in grey box below)*
- Mastercard

Credit Card Number: _____

Name on Card: _____

Expiry: (mo) _____ / (yr) _____

CSV/Security Number (on back of card): _____

Applicant signature: _____ Date: _____

Payable to:

College of Naturopathic Physicians of British Columbia

Mail to:

CNPBC
Suite 840-605 Robson Street
Vancouver, BC V6B 5J3