

College of Chiropractors of BC (CCBC) PRE-AUTHORIZED BANK PAYMENT FORM

Please fill out this form, print, sign, and return it to CCBC with a cheque marked **VOID** for verification purposes.

College of Chiropractors of BC
Attention: Accounting Department
900-200 Granville Street
Vancouver, BC V6C 1S4

If you wish to email the form please also send a scan/copy of your cheque to accounting@chirobc.com

Your identity:

Name: _____ MSP number: _____

Address: _____

City: _____ Province: _____ Postal code: _____

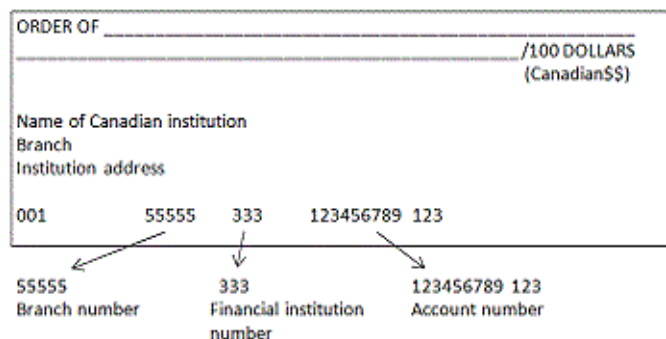
Bank account details:

Bank name: _____

Branch address: _____

Account number: _____

Branch number: _____ Institution number: _____
(5 digits) (3 digits)



I hereby authorize the College of Chiropractors of BC to make regular withdrawals from this bank account for the purposes of collecting my annual registrant fees. Withdrawals are typically 10 equal payments and take place on or about the 15th of each month from August to May.

Signature

Date

Please remember to attach a void cheque.