

Name of Applicant:

## Registered Nurses Association of the Northwest Territories and Nunavut

Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: <u>info@rnantnu.ca</u> P.O Box 2757, Yellowknife, NT X1A 2R1

## TEMPORARY CERTIFICATE 2017 PAYMENT AUTHORIZATION FORM

Processing Fee				\$65.63	
1 Toccssing rec				\$03.03	
Temporary Certificate Application Fee (incl. CNPS)				\$193.20	
Renewal of Temporary Certificate				\$26.25	
	All fee	es include 5º	% GST		
Interact (at the RN Money Order (pay <b>Personal cheque</b>	able to the RNANT		Cards are <u>not</u> a	accepted	
	Name on Credit Card			Phone Number of Cardholder	
Name on Cred	it Card		Phone Nu	ımber of Cardholder	
			Phone int	ımber of Cardholder	
			Phone No	ımber of Cardholder	
Name on Cred Credit Card Number  Expiry Date:		/	Year	ımber of Cardholder	

The credit card information provided on this form  $\underline{will}$  not be retained. Upon authorization of all payment request(s) credit card information will be destroyed.

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