

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

NCLEX-RN APPLICATION PAYMENT AUTHORIZATION FORM

Name of applicant:				
NCLEX-RN application ad	min fee			\$42.00
	All	fees include 5% GST		
Payment Options:				
VISA or MasterCardPersonal cheques an	d virtual interact/credit	t cards are <u>not</u> accepted		
Submit payment authori	zation form with compl	eted NCLEX-RN application	to <u>info@rnantnu.ca</u>	
Name on credit card		Phon	e number of card holder	
Credit card number:				
CVC:		Expiration Date:		

The credit card information provided on this form <u>will not</u> be retained.

Upon authorization of all payment request(s) credit card information will be destroyed.