

IBS ACCESS AND ELECTRONIC SERVICES – ADD USER(S)

Please fill out this form electronically. You will need Adobe Acrobat Reader, which can be downloaded free of charge from Adobe.com. If you are unable to download the free program, please contact us. Completed forms are submitted to: finance@mfa.bc.ca.

Participant Name	
Address	
Contact Name	Contact Email
Account Number	Transit # 14021 _____

Step 1: Enter new user information

The mailing address is the same as above

First Name	Last Name	Work Telephone	Work Email	ID Code <small>*minimum of 4 characters</small>	Birth Year <small>*for security purposes</small>

Step 2: There must be a minimum of 2 User 1's, 1 to initiate and sign and 1 to complete the authorization

USER 1 = For payment transactions (add, modify and delete), signing and information reporting. For security purposes, it takes a minimum of 2 people with User 1 profiles to transact.

USER 2 = For payment transactions (add, modify, delete) and information reporting. A User having this profile will require 2 people with a User 1 profile to authorize the transaction. Having someone with a User 2 profile is optional and is not required.

User Name	Function Role		Reporting	Bill Payment	
	USER 1	USER 2		Initiate	Sign
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Step 3: Authorization

The undersigned representatives of the Participant acknowledge that the person(s) being assigned access to IBS are designated representatives of the Participant and are solely responsible for transacting funds in and out of the Participant's subaccount

Signature	Signature
Print Name	Print Name
Title	Title

Municipal Finance Authority of BC	
Signature:	Signature:
Print Name:	Print Name:
Title:	Title: