

# Municipal Finance Authority of British Columbia

## Client Profile Document - General Instructions:

- \* Please complete only the sections that require update  
(unless the MFA has indicated that the full document should be re-submitted)
- \* Updated information may be submitted electronically, or by mail. Fax is not a preferred method due to quality of copy.
- \* Please send only pages which you have completed (do not fax, scan, or mail these instructions or any pages which do not contain data unique to your organization)
- \* Please retain a copy of this document for your own use and record

## Please Note:

*All information collected as part of the MFA Client Profile Document will remain confidential and will only be used by MFA Staff and MFA's service providers to complete transactions relating to your participation in our financial programs. Should collected information become out-of-date, or no longer required, it will be destroyed through secure means.*

# Municipal Finance Authority of British Columbia

## Contact Information - General Instructions

- \* The Head of the Finance Department, regardless of actual title, must receive all MFA correspondence
- \* A secondary contact person may be named for general purposes and/or for individual MFA program correspondence
- \* Chief Financial Officers should arrange to forward any MFA correspondence to the appropriate person(s) in their own team as required, either by email, fax, or letter

## Contact Information

Organization (Payor) Legal Name:

Effective Date:

### Primary Contact (Head of Finance Department - must receive all MFA correspondence)

Full Name:	<input type="text"/>	Salutation (Mr, Ms, etc.):	<input type="text"/>
Title:	<input type="text"/>		
Email address:	<input type="text"/>		
Telephone #:	<input type="text"/>		
Fax #:	<input type="text"/>		

### Secondary Email Contacts (if applicable)

#### Other General

Full Name:	<input type="text"/>
Title:	<input type="text"/>
Email Address:	<input type="text"/>

#### Capital Financing

Full Name:	<input type="text"/>
Title:	<input type="text"/>
Email Address:	<input type="text"/>

#### Leasing

Full Name:	<input type="text"/>
Title:	<input type="text"/>
Email Address:	<input type="text"/>

#### Interim Financing

Full Name:	<input type="text"/>
Title:	<input type="text"/>
Email Address:	<input type="text"/>

#### Pooled Investment Funds

Full Name:	<input type="text"/>
Title:	<input type="text"/>
Email Address:	<input type="text"/>

## Municipal Finance Authority of British Columbia

### Authorization of the Payor to the Payee to Direct Debit an Account

Organization (Payor) Legal Name:

Effective Date:

*Payee Name: Municipal Finance Authority of BC (MFABC) and MFA Leasing Corp.*

*Payee Address: 217 - 3680 Uptown Blvd, Victoria, BC V8Z 0B9*

*Payee Email: [finance@mfa.bc.ca](mailto:finance@mfa.bc.ca)*

*Payee Telephone: 250-383-1181*

*Payee Facsimile: 250-384-3000*

### Terms & Conditions

We authorize the Payee indicated above and any successor or assignee of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "Business PAD") on our account(s) and at the financial institution indicated on our provided banking instructions (the "Account" and the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. This Agreement and our authorization are provided for the benefit of the Payee and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Agreement, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.

(1) Cancellation: We understand that we may revoke our Payor's PAD Agreement at any time in writing 30 days prior to the next scheduled payment due by us to the Payee under any of the programs listed below. This Agreement applies only to the method of payment and we agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.

(2) Standard Recourse Statement: We understand that we have certain recourse rights if any debit does not comply with these terms. For example, we have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with the PAD agreement. To obtain more information on recourse rights, we may contact our financial institution or visit: [www.cdnpay.ca](http://www.cdnpay.ca)

(3)(a) We understand that with respect to:

(i) Capital Financing Invoicing: Payments occur at set dates as per amortization schedule, Payor shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting at the time the financing is established, and, at least ten (10) calendar days before the 1st due date. Such notice shall be received every time there is a change in the amount or payment date(s).

(ii) Interim Financing (Short Term Debt): Variable amount Business PAD occurring monthly. Payor shall receive written or electronic notice from the Payee on or about the last day of the month indicating the amount of interest to be debited for the month. The amount is debited from the Payor account two (2) business days after the end of the month, or at such times that have been previously arranged.

(iii) MFA Leasing Corporation and Municipal Finance Authority of BC leasing payments will occur at set dates as per lease schedule(s) and signed lease agreement(s). Notification will be received by the Payor only for the variable last payment and residual payment at the end of the lease, at least ten (10) calendar days before the due date.

(iv) Municipal Investment Plan transactions will occur in conjunction with our payroll schedule. Written notice from the Payee of the amount to be debited will be delivered electronically at least two days prior to payroll and will be confirmed via e-mail to initiate the transaction. Transactions occur on the day following payroll unless that day is a statutory holiday, in which case the transaction will occur the day prior to the statutory holiday.

## Pre-authorized Debit Agreement

(v) One-off payments relating to any of our commercial activities with the Payee may be processed by completing the One-Off Payment Request form. Such sporadic and unscheduled payment requests must be signed by the person(s) authorized to do so in the Signing Authority documentation we have provided to the MFA, and be received at least 3 business days in advance of the payment request date. This request may be faxed or scanned and emailed for expediency.

(4) We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Business PAD.

(5) We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition we warrant the guarantee, where applicable, that we have the authority to electronically agree to commit to this Agreement by secure electronic signature and that our secure electronic signature conforms with the requirements of Rule H1.

(6) We understand and agree to the foregoing terms and conditions, and we agree to comply with Rules of the Canadian Payment Association, or any other rules or regulations which may affect the services describe herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

### Authorization:

(1)    
Print Full Name Print Title

Signature

(2)    
Print Full Name Print Title

Signature

## Banking Details

# Municipal Finance Authority of British Columbia

### Banking Details - General Instructions

- \* All transactions for MFA's programs will use the bank account you indicate
- \* Should you need to use different accounts for different MFA programs, please provide a copy of this document for each bank account and clearly indicate which program(s) it is to be used for
- \* Provide a photocopy of a void cheque for each bank account
- \* Changes in Bank Account information MUST be authorized by the Chief Financial Officer and one other authorized signer regardless of whether you normally require two signers for each transaction or not

*Sample Cheque:*

Your Name	00408		
555 Main Street	_____ , 2011		
Victoria, BC V1A 2B3			
Pay to the Order of _____	\$ _____		
	_____/100 DOLLARS		
YOUR BANK			
111 Main Street, Victoria, BC V1A 2B3			
408	12340 001 5678910		
cheque number	branch/transit number	Institution/ Bank code	Account number

#### Common Institution Codes:

Bank of Montreal (BMO)	001
Bank of Nova Scotia/Scotiabank (BNS)	002
Royal Bank of Canada (RBC)	003
Toronto Dominion Bank of Canada (TD)	004
Canadian Imperial Bank of Commerce (CIBC)	010
Hong Kong & Shanghai Banking Corp (HSBC)	016
All BC Credit Unions	809

## Banking Details

Organization Legal Name:

Effective Date:

Bank Name:

Branch Address:

Institution #:

(3 digits - see reference list below)

Branch/Transit #:

(5 digits-must end in zero if branch located in BC)

Account #:

(min 7 digits - max 15 digits)

Authorization:

(1)

Print Full Name

Print Title

Signature

(2)

Print Full Name

Print Title

Signature

# Municipal Finance Authority of British Columbia

## Signing Authority for MFA Programs - General Information

- \* Complete general signing instruction and one page for each of your authorized signers
- \* Include a copy of your signing authority resolution, if one exists
- \* The person responsible for the Finance function in your organization must be one of your authorized signers
- \* All signers indicated will be authorized to sign on all MFA programs at all times
- \* Each signature must be attested by the Corporate Officer  
(where the Corporate Officer is also a signer, please provide a photocopy of a piece of photo ID to attest the signature of this individual)
- \* Signing Authority structure must be in one of three formats
  - (i) One signer required - any one authorized signer from list provided
  - (ii) Two signers required - any two authorized signers from list provided
  - (iii) Two signers required - one from Administration and one from Council  
(signers must be divided into two lists)
- \* Individuals who are no longer authorized as signers and/or are no longer employed by your organization must be removed from your Authorized Signers list immediately. Signers may be removed by email/fax request from the Chief Financial Office
- \* Please ensure that you have sufficient Signers available and in place prior to holiday or vacation periods in order to avoid disruption of access to MFA programs

Signing Authority - Organization's General Instructions

Organization (Payor) Legal Name:

Effective Date:

Signing Authority Structure: (i) Any one Signer from list  
(ii) Any two Signers from list  
(iii) Two Signers-one from List  
"A" and one from List "B"

Organization's Signing Lists (if applicable):

LIST "A":

LIST "B":



Signing Authority - Authorized Individual's Information

Organization (Payor) Legal Name:

Salutation (Mr., Ms., etc.):

First Name:

Last Name:

Title:

Signature:

(This is how you will sign MFA documents)

Attestation Signature:

Print Attestation Name & Title: