

ELECTRONIC PAYMENT REQUEST

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.

For complete terms and conditions in addition to the two highlighted below, refer to the signed Pre-Authorized Debit Agreement currently on file with the MFA.

(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 the program 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. Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.payments.ca.

(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.payments.ca.

Organization (Payor) Legal Name

Contact Name

Contact Email

This form is used ONLY when processing a one-off transaction. The payment detailed below will be processed from the bank account information currently on file with the MFA.

Short Term Financing

Payment Amount	\$	Bylaw Type	
Payment Date		Bylaw Number	

Payment Amount	\$	Bylaw Type	
Payment Date		Bylaw Number	

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Payment Date		Bylaw Number	

Equipment Financing

Payment Amount	\$	Resolution Number	
Payment Date		MFA Loan Number	

Payment Amount	\$	Resolution Number	
Payment Date		MFA Loan Number	

Long Term Borrowing

Date of Payment: Refinancing date of loan as per "Status of Loans Report" with payment amount equal to the outstanding balance at that time (see website). ****IMPORTANT - Please contact us prior to initiating this process****

Payment Amount	\$	Issue Number	
Payment Date		LA Bylaw Number	

Pooled High Interest Savings Account – CIBC Supplementary Token Fees

Date of Payment: Please note for PHISA token charges, payment will be taken at the time payment request received. Payment amount will be \$30 x number of tokens.

Payment Amount	\$	Number of Tokens	
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Tax Levy

Payment Amount	\$	Tax Year	
Payment Date			

Banking Information (Must match what is on file with MFABC)

Bank Name			
Bank Transit #		Institution #	
Account #			

Authorization

The undersigned are current signing officers on file with Municipal Finance Authority: *Please note these names may differ from your authorized PHISA Program signers.*

Signature	Signature
Print Name	Print Name
Title	Title

For MFA Use Only	
<input type="checkbox"/>	EFT Number:
<input type="checkbox"/>	Reviewed By:
<input type="checkbox"/>	Approved By: