



Please email this form to invest@mfa.bc.ca

Participant Name: _____
 Participant Address: _____
 Contact Person: _____
 Contact Email: _____
 Account Number: _____ Transit Number 14021 _____ - _____

Step 1: Enter new user information

The mailing address is the same as above

First Name	Last Name	Email	Telephone No.	ID Code *minimum of 4 characters	Birth Year *For security purposes

Step 2: Please complete the access for each new user.

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 1 Name	Function Role	Reporting	Bill Payment Initiate	Bill Payment Sign
	User 1	Y	Y	Y
	User 1	Y	Y	Y

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 2 Name	Function Role	Reporting	Bill Payment Initiate	Bill Payment Sign
	User 2	Y	N	N
	User 2	Y	N	N

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

Signature: _____ Signature: _____
 Title: _____ Title: _____

MFABC Authorization

Signature: _____ Signature: _____
 Print Name: _____ Print Name: _____
 Title: _____ Title: _____