



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

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

Remove IBS User(s)

First Name	Last Name	Email	Telephone No.

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: _____