



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

Participant Information

Participant Name: _____

Participant Address: _____

Contact Person: _____

Contact Email: _____

Account Number _____ Transit Number 00090 _____ - _____

Step 1: Enter new user information

The mailing address is the same as above

Table with 4 columns: User Name, Email, Telephone Number, Token. Contains 3 rows of data.

Step 2: Please select either PART 1 or PART 2 for each new user

PART 1 = Participant level 1 - For payment transactions and information reporting, the person creating the payment CANNOT approve/release it

PART 2 = Participant level 2 - For information reporting only

Table with 4 columns: User Name, Function Role (PART 1, PART 2), Reporting/e-stmt, Ad-hoc EFT-PAD/DD ("pull & push"). Contains 3 rows of data.

Step 3: 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: _____

Print Name: _____ Print Name: _____

MFABC Authorization

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____