



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

Participant Information

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	Work Telephone	Work Email	ID Code <small>*minimum of 4 characters</small>	Birth Year <small>*for security purposes</small>

Step 2: 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 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 Name	Function Role		Reporting	Bill Payment	
	USER 1	USER 2			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Initiate	<input checked="" type="checkbox"/> Sign
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Initiate	<input checked="" type="checkbox"/> Sign
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Initiate	

Step 3: Authorization

The undersigned representatives of the Participant acknowledge that the person(s) being assigned access to IBS 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: _____