

Client Profile Document / Pre-authorized Debit Agreement

Instructions:

The following document is separated into four sections. Once completed, the document along with a photocopied cheque for each bank account listed should be submitted by either scan/e-mail or fax, and then followed up with the original copy by mail to:

Municipal Finance Authority of BC
737 Fort Street
Victoria, BC V8W 2V1
Fax: 250-384-3000
lexi@mfa.bc.ca

Section A: Client / Payor Information

Section A contains the general Client/Payor information, as well as your employee's contact information, stating who should be contacted with correspondence pertaining to each MFA program. Please complete the Client/Payor section including a general contact name for inquiries regarding the information on this form.

Section B: Specimen Signature Form

Use this section to list your designated, authorized signers for all programs. Beside the individual's name/title, tick each appropriate box(es) to indicate which program they may sign for.

Below the specimen signature section is where a legal counsel, commissionaire for taking affidavits, or a staff member from the organization with knowledge of all signers listed, would attest to the validity of the signatures in the previous section.

At the bottom of this section is where signing instructions should be included. Please indicate whether one, two, or more signatures are needed as authorization in the programs, or whether one person plus any of the other signers are required to sign. For example, each of your MFA transactions might require the signature of one elected official and one staff member (a suggested method to separate these two groups is to label each name as 'Group A' or 'Group B' in the space to the left of the name).

The determination of who should sign is at your discretion; the MFA has no set requirement in this regard. Should you require additional room for these instructions, please feel free to add another page.

Section C: Client Banking Information

This section is for your organization's required banking information. There are three separate sections provided in the event that you use different bank accounts for different programs. If the bank account is the same for all MFA programs, then merely complete the first block and indicate which programs the given information is valid for by ticking the appropriate box(es).

Note that any set-up or change of banking information must be authorized by your designated, existing signers (at the bottom of the page) according to your requirements.

Section D: Legal Terms and Conditions

The last section contains the Legal Terms and Conditions of the Business Pre-Authorized Debit Plan that we are required to provide as per the Canadian Payments Association. A signature is required on the last page of this document indicating your understanding and acceptance of the details of our banking arrangements.

Should signers and/or banking information change in the future, please complete only the relevant page(s), and submit them to us by scan/email or fax, with originals to follow by mail.

Please feel free to contact Lexi if you have any questions or need more information:

Lexi Pearson

lexi@mfa.bc.ca

Phone: 250-380-0432 ext: 226

Client Profile Document / Pre-authorized Debit Agreement

Section A: Client / Payor Information

Effective Date (MM/DD/YY): _____

CLIENT / PAYOR INFORMATION (Please type or print clearly)

| | | |
|--|-----------|--------------|
| Client (Payor) Legal Name: | | |
| Address: | | |
| Municipality: | Province: | Postal Code: |
| Contact Name (Head of Finance Department): | | |
| E-Mail Address: | | |
| Telephone: | Fax: | |

MFA PROGRAM CONTACT INFORMATION

The contact name below will receive all correspondence for the MFA Program(s) indicated (check all that apply).

Please indicate between E-mail and Fax which is the preferred method of contact.

CF–Capital Financing, **IF**–Interim Financing, **LE**–Leasing, **PIF**–Pooled Investment Fund, **MIP**–Municipal Investment Plan

| | | |
|-------------------------|---|---|
| Contact Name and Phone: | Contact E-mail: Preferred Contact Method <input type="checkbox"/> | Program: CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Contact Fax: Preferred Contact Method <input type="checkbox"/> | |
| Contact Name and Phone: | Contact E-mail: Preferred Contact Method <input type="checkbox"/> | Program: CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Contact Fax: Preferred Contact Method <input type="checkbox"/> | |
| Contact Name and Phone: | Contact E-mail: Preferred Contact Method <input type="checkbox"/> | Program: CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Contact Fax: Preferred Contact Method <input type="checkbox"/> | |
| Contact Name and Phone: | Contact E-mail: Preferred Contact Method <input type="checkbox"/> | Program: CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Contact Fax: Preferred Contact Method <input type="checkbox"/> | |
| Contact Name and Phone: | Contact E-mail: Preferred Contact Method <input type="checkbox"/> | Program: CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Contact Fax: Preferred Contact Method <input type="checkbox"/> | |

Section B: Signing Authorities for MFA Programs

Client Name: _____ Effective Date (MM/DD/YY): _____

The signors below apply to the MFA Program(s) each individual may sign for (check all that apply)

CF–Capital or Long-term financing (**RD/RHD only**) **IF**–Interim Financing **LE**–Leasing **PIF**–Pooled Investment Fund
MIP–Municipal Investment Plan

| Name | Title | Signature | Check all that apply |
|-------|-------|-----------|--|
| _____ | _____ | _____ | CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| _____ | _____ | _____ | CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| _____ | _____ | _____ | CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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| _____ | _____ | _____ | CF IF LE PIF MIP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

The signature appearing opposite the name and title of each Authorized Officer above is the genuine and original signature of such officer. I further certify that if any Authorized Officer ceases to hold his/her current title and authority to bind the MFABC Member as set out below, or if any additional person receives such authority, the MFABC Member will provide the MFA with a new specimen signature form reflecting such changes.

Date

Signature of person attesting to authorized signatures

Printed name & title

All instructions require the signature of _____ (if applicable) and any _____ (please indicate number) of the authorized officers.

Section C: Banking Information

Client Name: _____ Effective Date (MM/DD/YY): _____

This bank account is to be used for the following programs (tick all that apply):

Capital Financing Interim Financing Leasing Pooled Investment Fund Municipal Investment Plan
(RD & RHD only)

Bank Name: _____

Institution No. (3 Digits): _____ Transit No. (5 Digits): _____

Account No. (7 or more Digits): _____

Branch Address: Street _____ City/Prov. _____

This bank account is to be used for the following programs (tick all that apply):

Capital Financing Interim Financing Leasing Pooled Investment Fund Municipal Investment Plan
(RD & RHD only)

Bank Name: _____

Institution No. (3 Digits): _____ Transit No. (5 Digits): _____

Account No. (7 or more Digits): _____

Branch Address: Street _____ City/Prov. _____

This bank account is to be used for the following programs (tick all that apply):

Capital Financing Interim Financing Leasing Pooled Investment Fund Municipal Investment Plan
(RD & RHD only)

Bank Name: _____

Institution No. (3 Digits): _____ Transit No. (5 Digits): _____

Account No. (7 or more Digits): _____

Branch Address: Street _____ City/Prov. _____

The MFA is authorized to utilize the above account(s) for electronic funds withdrawals and deposits for the Municipal Finance Authority of British Columbia Programs as indicated.

Authorized Signatories:

Per _____ Print Name _____

Per _____ Print Name _____

Section D: Authorization of the Payor to the Payee to Direct Debit an Account

Payee Name: Municipal Finance Authority of BC (MFABC)
Payee Address: 737 Fort Street, Victoria, BC V8W 2V1
Payee Email: mfa@mfa.bc.ca
Payee Telephone: 250-383-1181 Payee Facsimile: 250-384-3000

PAYOR'S PAD AGREEMENT – Business Pre-Authorized Debit Plan – Terms & Conditions

We authorize the Payee indicated above and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "Business PAD") on our account(s) and at the financial institution indicated on the attached "Section C" (the "Account" and the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. This Agreement and our authorization are provided for the benefit of the Payee and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debit against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Agreement, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.

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 any of the programs 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.
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.cdnpay.ca
3. a) **We understand that with respect to:**
 - i) **Capital Financing Invoicing:** Payments occur at set dates as per amortization schedule, payor shall receive written notice from the payee of the amount to be debited and the due date(s) of debiting at the time the financing is established, and, at least ten (10) calendar days before the 1st due date. Such notice shall be received every time there is a change in the amount or payment date(s).
 - ii) **Interim Financing (Short Term Debt):** Variable amount Business PAD occurring monthly. Payor shall receive written or electronic notice from the payee on or about the last day of the month indicating the amount of interest to be debited for the month. The amount is debited from the payor account two (2) business days after the end of the month, or at such times that have been previously arranged.
 - iii) **MFA Leasing Corporation and Municipal Finance Authority of BC leasing** payments will occur at set dates as per lease schedule(s) and signed lease agreement(s). Notification will be received by the payor only for the variable last payment and residual payment at the end of the lease, at least ten (10) calendar days before the due date.
 - iv) **Pooled Investment Fund** transactions will occur on an 'as requested' basis and will be initiated by us providing a written request by fax to CIBC Mellon. Subscriptions must also be entered via "Rapid Trans Telephone Banking".
 - v) **Municipal Investment Plan** transactions will occur in conjunction with our payroll schedule. Written notice from the payee of the amount to be debited will be delivered electronically at least two days prior to payroll and will be confirmed via e-mail to initiate the transaction. Transactions occur on the day following payroll unless that day is a statutory holiday, in which case the transaction will occur the day prior to the statutory holiday.
4. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Business PAD.
5. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition we warrant the guarantee, where applicable, that we have the authority to electronically agree to commit to this Agreement by secure electronic signature and that our secure electronic signature conforms with the requirements of Rule H1.
6. We understand and agree to the foregoing terms and conditions, and we agree to comply with Rules of the Canadian Payment Association, or any other rules or regulations which may affect the services describe herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Client / Payor Name

Date

Per: _____
Signature of Authorizing Signing Officer

Per: _____
Signature of Authorizing Signing Officer

Name _____

Name _____

Title: _____

Title: _____