



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

Member Information

Effective Date: _____

Organization Legal Name: _____

Contact Person: _____

Contact Email: _____

New Banking Information

Bank Name: _____

Bank Street Address: _____

Bank Mailing Address: _____ provide if bank address and mailing address are different

Bank Transit Number: _____ Institution Number: _____

Account Number: _____

New Banking Information

Please indicate which MFA program the bank account information provided will be used for.

- Short Term Financing
- Equipment Financing
- Long Term Financing
- Pooled Investment Funds
- Tax Levy

VOID Cheque

Please provide a clear copy of a void cheque.

Signed

The undersigned **MUST** be authorized by the Chief Financial Officer and one other authorized signer.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____