



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

For complete terms and conditions in addition to the two mentioned, refer to the signed Pre-Authorized Debit Agreement currently on file with the MFA. (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 the program 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. Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.payments.ca. (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.payments.ca.

Member Information

Organization Legal Name: _____

Contact Person: _____

Contact Email: _____

Paydown Information

Short-Term Financing

Payment Amount _____ Bylaw Type _____

Payment Date _____ Bylaw Number _____

Payment Amount _____ Bylaw Type _____

Payment Date _____ Bylaw Number _____

Payment Amount _____ Bylaw Type _____

Payment Date _____ Bylaw Number _____

Equipment Financing

Payment Amount _____ Resolution Number _____

Payment Date _____ MFA Loan Number _____

Payment Amount _____ Resolution Number _____

Payment Date _____ MFA Loan Number _____



Long Term Borrowing

Date of Payment: Refinancing date of loan as per "Status of Loans Report" with payment amount equal to the outstanding balance at that time (see website).

****IMPORTANT - Please contact us prior to initiating this process***

Payment Amount	Issue Number
Payment Date	LA Bylaw Number

Tax Levy

Payment Amount	
Payment Date	Tax Year

Total dollar value of payments

Total Payment _____

Banking Information

Bank Name: _____

Bank Street Address: _____

Bank Transit Number: _____ Institution Number: _____

Account Number: _____

Signed

The undersigned are current signing officers on file with Municipal Finance Authority.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____