

# CITY OF MAPLE RIDGE PROPERTY TAXES

# Pre-Authorized Withdrawal Service: PAWS

If you are a current PAWS program participant you do not need to fill out this form again. If you decide to change or cancel your PAWS program contact us using the methods below.

## How to Apply

Complete and sign the agreement below, attach a blank cheque marked 'VOID' and mail both to:

City of Maple Ridge  
11995 Haney Place, Maple Ridge, BC V2X 6A9

If you prefer, you can fax both to 604-467-7331 or scan both and email them to [autodebit@mapleridge.ca](mailto:autodebit@mapleridge.ca).

## Important Information

- Applicants must notify the City to discontinue PAWS upon sale or transfer of property.
- PAWS payments are not refundable. If a property is sold, any credit must be accounted for in the Vendor's Statement of Adjustments.

## Important Information (continued)

- The City may cancel the applicant's use of PAWS if the applicant's financial institution refuses to honour three consecutive withdrawals.
- The City may impose and collect a service charge on any dishonoured withdrawals.
- The applicant has certain recourse rights if any withdrawal does not comply with this agreement. For example, they have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- Home Owner Grants must be claimed each year (If applicable)

## NEW APPLICATIONS: Property Taxes Pre-Authorized Withdrawal Service Agreement Form

Civic Address: Apt. No. House No. Street		Postal Code	Property Folio Number:
Registered Owner(s): Last Name, First Name or Company Name			Check One: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Name on Bank Account: Last Name, First Name or Company Name (If different than Registered Owner)			
Bank Account Details: <b>Please attach a blank cheque marked 'VOID'</b>			
Daytime Phone Number:	Other Phone Number:	Fax Number:	
Email Address: (Please note that this address may be used by the City Finance Department to contact you in regards to your Municipal accounts)			
Mailing Address: (If different than the Civic Address above) Apt. No. House No. Street			
Town/City	Province/State	Country	Postal Code

## Please enroll me/us in the following PAWS Programs (You may select one or both)

<input type="checkbox"/> Program One: <b>STANDARD PAWS</b> <b>10 monthly</b> withdrawals to be applied to the tax account as payments on the <b>fifth of every month</b> from August to May each year. <b>Monthly Amount To Be Debited:</b> _____ <b>Optional Annual Recalculation</b> Check one <input type="checkbox"/> YES <input type="checkbox"/> NO <i>By checking 'YES' you agree that the 'Monthly Amount To Be Debited' above will be adjusted to the monthly withdrawal amount advised on the annual tax notice issued in June</i> <b>Will you be claiming a Home Owner Grant on this property each year?</b> Check One <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please provide the year of birth for the claimant</i> <input type="text"/> <i>This information will be used to recalculate the monthly withdrawal.</i>
<input type="checkbox"/> Program Two: <b>ANNUAL DEBIT ON TAX DUE DATE</b> (Please note: New applications must be received no later than June 15) <b>One annual</b> withdrawal on the property tax due date to pay the final amount due as indicated on the annual tax notice issued in June. <b>Will you be claiming a Home Owner Grant on this property each year?</b> Check One <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please provide the year of birth for the claimant</i> <input type="text"/> <i>This information will be used to determine the final amount due.</i>

I/we request and authorize the City of Maple Ridge and the financial institution designated to withdraw the amount(s) indicated above or as identified on the annual tax notice. **The amount withdrawn for the annual debit on tax due date will be based on me/us claiming the Home Owner Grant, as indicated above, on or before the due date.** This authority will remain in effect until the City of Maple Ridge has received written notification from me/us of its change or termination. **This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided above.**

Authorized Signature \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date: (YYYY/MM/DD) \_\_\_\_\_

Date: (YYYY/MM/DD) \_\_\_\_\_



## For more information on the PAWS program;

- phone us at 604-467-7316
- fax us at 604-467-7331
- email us at [autodebit@mapleridge.ca](mailto:autodebit@mapleridge.ca)
- go to our website at [mapleridge.ca](http://mapleridge.ca)