



# City of Maple Ridge Utility Pre-Authorized Withdrawals (UPAWS)

An electronic payment method for City of Maple Ridge Utility bills

**How it Works:**

Signing up for UPAWS authorizes the City of Maple Ridge to automatically withdraw from your bank account the balance owing on your Utility bill on the due date. **See the reverse side for more details and UPAWS Terms and Conditions.**

**How to apply:**

- Complete and sign the agreement below, attach a blank cheque marked "VOID" and send both to:  
 City of Maple Ridge  
 11995 Haney Place  
 Maple Ridge BC V2X 6A9  
 Or fax to: 604-467-7331
- A separate agreement form is required for each utility account, but *only* one void, blank

**Benefits:**

- Save time and money – no more cheques, stamps, or last-minute rushes to pay
- No late payment penalties



## Utility Pre-Authorized Withdrawals Agreement Form

|  |                |             |             |  |
|--|----------------|-------------|-------------|--|
| Civic Address: Apt.  | Street No.     | Street Name | Postal Code | Utility Account Number   |
| Name(s): Last Name, First Name or Company Name   |                |             |             | Owner <input type="checkbox"/> Tenant <input type="checkbox"/> |
| Day Phone:   | Other Phone    |             | Fax Number  |  |
| Email Address (please note that this address may be used by the Revenue Collections Department to contact you in regards to your utility and/or tax account) |                |             |             |  |
| Mailing Address (if different than Civic) Apt.   | Street No.     | Street Name |             |  |
| Town/City  | Province/State | Country     | Postal Code |  |

I/we, request and authorize the City of Maple Ridge to automatically debit/withdraw from my/our financial institution account, as indicated on the attached cheque, the balance owing on each respective utility bill due date for the noted utility account under the terms and conditions set out on the reverse of this application, and agree to such terms and conditions.

\_\_\_\_\_  
Date (YYYY/MM/DD)      Authorized Signature      Date (YYYY/MM/DD)      Authorized Signature

For joint accounts, all depositors must sign this form when more than one signature is required on a cheque issued against the account.

**Please enclose a void, blank cheque.**

