

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

W	ww.mapieridge.ca	Tel: 604	-407-7316	Email: prepayment@mapieridge.ca	
Sig	gning up for UPAWS auth	orizes the City of Maple Ridg	e to auton	natically withdraw from your bank	
aco	count the balance owing	on your quarterly Utility bill	on the due	e date.	
Property Address:			Utility Account:		
Na	ame of: Owner	Tenant:			
Ma	ailing Address:				
City:		Province:	Pos	tal Code:	
Phone:		Alternate Phone:			
En	nail:				
Αį	personalized void cheq	ue or a bank stamped pre-a	uthorizati	on debit form must be attached.	
 New applicants must submit an agreement form 15 business days prior to next billing date. UPAWS automatically continues until the City is advised to cancel or alter information. The applicant(s) may cancel UPAWS by giving the City 15 business days prior written notice. Upon termination, payment of bills will be made in the normal fashion. The applicant(s) will notify the City to discontinue UPAWS on a sale or transfer of the property. UPAWS payments are not refundable. If a property is sold, any credit must be accounted for in the Vendor's Statement of Adjustments. The City may cancel the applicant(s)'s use of UPAWS if the applicant(s)'s financial institution refuses to honour three consecutive payments. The City may impose and collect a service charge on any dishonoured payments. The applicant(s) must give the City written notice of any change in financial institution or account information at least 15 business days before the next payment due date. The applicant(s) delivery of this agreement to the City will constitute delivery to the applicant(s) financial institution. The applicant has certain recourse rights if any debit 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.payments.ca. 					
	_	ple Ridge to deduct the balance I/We agree to the terms and co		tered utility due dates from my/our this form.	
Si	gnature:		Date:		
Si	gnature:			Date:	

OFFICE USE ONLY

Yes

No

Send copy to Owner for their records: