



**Maple Ridge**

**FOLIO #**

**Pre-Authorized Withdrawal (PAWS)  
AMENDMENT FORM**

**www.mapleridge.ca**

**Tel: 604-467-7316**

**Email: [prepayment@mapleridge.ca](mailto:prepayment@mapleridge.ca)**

**Minimum of 15 business days notice is required for any changes**

**Property Information**

**MAPLE RIDGE CIVIC ADDRESS:**

**REGISTERED OWNER NAME(S):**

**EMAIL ADDRESS:**

**DAYTIME PHONE NUMBER:**

**Please select from the options below**

**Change Withdrawal Amount**

-Amount to be withdrawn: \$ \_\_\_\_\_

**Recalculation:**            **Add**                      **Remove**

**Due Date:**                **Add**                      **Remove**

**Change Bank Account Information**

-A Personalized Void Cheque or Bank Stamped Pre-Authorization Debit form showing Account Holder Name must be attached.

**Change Home Owner Grant (mark one option only)**

**NO – Not Eligible**

**YES, the oldest eligible claimant's 4-digit year of birth**

-Indicate if a grant will be claimed at this property each year prior to the posted Property Tax due date.

**Cancel Enrolment in Pre-Authorized Withdrawal Program**

-There is no Pre-Authorized withdrawal each year in June.

-Any Instalments and interest earned are non-refundable and non-transferable.

-Any credit must be adjusted between the buyer and seller through the vendor statement of adjustments if the property is being sold, otherwise the credit will remain on account to be applied towards property taxes as per conditions agreed to upon enrolment.

**Bank Account Holder Authorization**

Within 15 days' notice before the next scheduled withdrawal I/We; the undersigned, authorize the City of Maple Ridge to amend the existing Pre-authorized Payment Plan agreement as indicated above. I/We; the bank account holder(s), have certain recourse rights if any debit does not comply with this agreement and have the right to receive reimbursement for any debit that is not authorized or not consistent with this Pre-authorized agreement. I/We may contact my/our financial institution or visit **[www.payments.ca](http://www.payments.ca)** for more information.

CMR OFFICE USE ONLY

**SIGN HERE**

**PRINT NAME**

**DATE SIGNED**

**Submit Completed Amendment & Void Cheque (if required) By Mail / Drop Box / In Person / Email:**

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