

CITY OF MAPLE RIDGE PROPERTY TAXES

Pre-Authorized Withdrawal Service: PAWS

PAWS is meant as a prepayment for next year's taxes. All property taxes must be paid by the due date to avoid penalties and interest.

Important Information

- Applicants must notify the City to cancel or change PAWS when the property is sold/transferred.
- PAWS payments are not refundable. If a property is sold, any credit should be accounted for in the Vendor's Statement of Adjustments.**
- The City can 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.

Important Information (cont'd)

- For more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
- Home Owner Grants must be claimed each year (If applicable)

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

Or you can fax both to 604-467-7331

Or you can email to autodebit@mapleridge.ca

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 <i>(If different than Registered Owner)</i>			
Bank Account Details: Please attach a blank cheque marked 'VOID'			
Daytime Phone Number:	Other Phone Number:	Fax Number:	
Email Address: <i>(Please note that this address may be used by the City Finance Department to contact you in regards to your Municipal accounts)</i>			
Mailing Address: <i>(If different than the Civic Address above)</i> Apt. No. House No. Street Town/City Province/State Country Postal Code/Zip Code			

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

Birth Year _____

This information will be used to determine which Home Owner Grant amount is applicable and will be claimed for the property each year by the home owner.

<input type="checkbox"/>	<p>Program One: PRE-PAYMENT PAWS</p> <p>10 monthly withdrawals to be applied to the tax account as payments on the fifth of every month from August to May each year. <i>Please note: This information must be received 10 business days prior to the next scheduled payment</i></p> <p>Monthly Amount To Be Debited: _____</p> <p>Optional Annual Recalculation 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 next June</i></p> <p>Will you be claiming a Home Owner Grant on this property each year? Check one <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<input type="checkbox"/>	<p>Program Two: ANNUAL DEBIT ON TAX DUE DATE <i>(Please note: New applications must be received no later than June 15)</i></p> <p>One annual withdrawal on the property tax due date to pay the final amount due as indicated on the annual tax notice issued in June.</p> <p>Will you be claiming a Home Owner Grant on this property each year? Check one <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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 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:

- go to our website at mapleridge.ca/182
- email us at autodebit@mapleridge.ca
- phone us at 604-467-7316
- fax us at 604-467-7331