ARE YOU CURRENTLY ENROLLED? YOU DO NOT NEED TO RE-APPLY.

City of Kelowna

Revenue Branch
1435 Water Street
Kelowna, BC V1Y 1J4
250 469-8757
kelowna.ca/propertytax

Pre-Authorized Withdrawal System PAWS

Application Form

All outstanding property taxes must be PAID IN FULL prior to joining the plan.

Please print clearly. Do not complete if you are currently enrolled.

First Name:	Last Name:	
Property Address:		Start Date: _____/_____/_____ YEAR MONTH DAY
Roll Number:	Email:	
Home Phone:	Work Phone:	Cell Phone:

ELIGIBILITY FOR HOME OWNER GRANT

✓ **Check One** ☐ **A.** Not Eligible ☐ **B.** Under 65 ☐ **C.** 65+ and Other

PREPAY NEXT YEAR'S TAXES

Each payment shall be treated as if the City of Kelowna had received a cheque for payment. The amount is subject to change each year and will be withdrawn monthly from July 10 to May 10. Your tax notice will indicate the amount of your new payment for the next tax year. This monthly payment will be calculated as follows:

	Last Year's Gross Taxes:	$_____	
LESS:	Home Owner Grant Claimed:	$_____	**Claim Grant by Tax Due Date**
EQUALS:	Net taxes:	$_____ / _____ =	$_____
		# of Months	Monthly Withdrawal

Please read and initial below, and enclose one of your cheques marked "VOID".

_____ Initial I/we acknowledge that all outstanding taxes have been/will be paid by the due date and that my enrolment in the pre-authorized withdrawal system will apply to next year's taxes.

_____ Initial I/we authorize the City of Kelowna to debit my/our account on or after the 10th of each month from July to May inclusive each year until I/we advise otherwise. Your treatment of each payment shall be the same as if I/we had personally directed you to pay as indicated and to charge the amount specified to the account of the above signed. This authorization may be cancelled upon notifying the Revenue Branch.

_____ Initial I/we understand that there is no withdrawal taken from my/our bank account in the month of June. **I/we have to make the final payment and, if eligible, claim the Home Owner Grant by the tax due date to avoid penalties.**

_____ Initial I/we understand that the current charge for dishonoured payments will apply. Subsequent dishonoured payments may result in my/our removal from PAWS.

_____ Initial I/we understand that it is my/our responsibility to provide written or electronic notification to the Revenue Branch when there are changes to my/our PAWS account or when cancelling enrolment in PAWS. There are no refunds under this plan; overpayments will be applied to next year's taxes.

_____ Initial I/we understand that in the event we sell my/our property, I/we or my/our lawyer MUST terminate PAWS by providing written or electronic authorization to the Revenue Branch, on or before the first of the month, in order to stop the withdrawal on the 10th. The sale of the property does not automatically stop the PAWS payments. All prepayments remain on the tax roll and are adjusted through the lawyer's statement of adjustments.

I HAVE READ AND UNDERSTAND THE TERMS OF THE PRE-AUTHORIZED WITHDRAWAL SYSTEM

_____ Date: _____/_____/_____
SIGNATURE OF SIGNING AUTHORITY YEAR MONTH DAY

_____ Date: _____/_____/_____
SIGNATURE OF SIGNING AUTHORITY YEAR MONTH DAY

OFFICE USE:

Taken By	
Entered By	
Taxes	
MC	

APPLY

Forward your application to: Revenue Branch, City Hall, 1435 Water Street, Kelowna, BC V1Y 1J4 or fax to 250 862-3391.