Attach a VOID cheque to the completed form and Fax to (905) 546-2449 or mail to:

City of Hamilton, Corporate Services Department, Tax Section
71 Main Street West, 1st Floor
PO Box 2040, STN LCD 1
Hamilton, ON L8N 0A3

Select one Pre-Authorized Debit (PAD) Plan agreement below:

- ❑ 12-Month Plan – 1st of the month. Taxes must be current. Monthly tax amount will be withdrawn on or after January 1 to December 1 inclusive.
- ❑ 12-Month Plan – 15th of the month. Taxes must be current. Monthly tax amount will be withdrawn on or after January 15 to December 15 inclusive.
- ❑ 10-Month Plan. Taxes must be current. Monthly tax amount will be withdrawn on or after February 1 to November 1 inclusive.
- ❑ Instalment Plan. Taxes must be current. Taxes will be withdrawn on the four instalment due dates scheduled for the last working day of February, April, June and September.
- ❑ 12-Month Arrears Plan. For tax accounts in arrears but not tax registration. Penalties and interest on taxes in arrears shall be 1.00% per month (12% per annum) imposed on the first day of default and on the first day of each calendar month thereafter in which default continues. Payments will be withdrawn on the last working day of January to December inclusive.
  Amount to be withdrawn: $_____ * Payment plan is subject to approval by Tax Section employee. (Taxpayer determines the amount to be paid ON ARREARS PLAN ONLY.)

Name(s): _____

Mailing Address: _____

City _____ Province _____ Postal Code _____

Phone No: _____ _____
(Business) (Residence)

For the purpose of paying property taxes at: _____
(Property location)

These services are for (check one): ❑ Personal ❑ Business Use

Financial Institution: Name: _____

Branch Address: _____

Account Number: _____

Financial Institution Number: _____ Branch Transit Number: _____
(3 digits) (5 digits)

Revised web 2012-05-11

1. Any returned payments will be subject to an administration fee.
2. Non-sufficient funds (NSF) payments will be re-presented by the City's bank for a second withdrawal attempt within seven (7) business days after the first attempt is returned.
3. If a bank payment is returned twice during any taxation year, enrolment in the Pre-authorized Payment Plan will be terminated.
4. If you choose to change or cancel the plan at any time, the City requires two weeks notice, in writing, to amend or stop deductions prior to the next withdrawal date. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit ***www.cdnpay.ca.***
5. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit ***www.cdnpay.ca.***

Personal information on this form is collected under the authority of section 342 of the Municipal Act, 2001, S.O. 2001, C. 25, (as amended), and will be used to determine eligibility for enrolment in a Pre-authorized Tax Payment Plan for automatic bank withdrawals to remit taxes to the City of Hamilton. Questions about this collection should be directed to the Customer Service Program Co-ordinator, Tax Section, 71 Main Street West, 1st Floor, PO Box 2040 STN LCD 1, Hamilton ON L8N 0A3, (905) 546-CITY (2489).

I authorize the City of Hamilton to debit my bank account starting on: _____, 2_____

Signature: _____ Date: _____, 2_____