

**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, 1<sup>st</sup> Floor  
PO Box 2040, STN LCD 1  
Hamilton, ON L8N 0A3

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

<input type="checkbox"/> 12-Month Plan – 1 <sup>st</sup> of the month. Taxes must be current. Monthly tax amount will be withdrawn on or after January 1 to December 1 inclusive.
<input type="checkbox"/> 12-Month Plan – 15 <sup>th</sup> of the month. Taxes must be current. Monthly tax amount will be withdrawn on or after January 15 to December 15 inclusive.
<input type="checkbox"/> 10-Month Plan. Taxes must be current. Monthly tax amount will be withdrawn on or after February 1 to November 1 inclusive.
<input type="checkbox"/> 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 Taxes will be withdrawn on the four instalment due dates scheduled for the last working day of February, April, June and September.
<input type="checkbox"/> 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 Payments will be withdrawn on the last working day of January to December inclusive. Amount to be withdrawn: \$ _____ * Payment plan is subject to approval by Tax Section employee.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): <input type="checkbox"/> Personal <input type="checkbox"/> Business Use
Financial Institution: Name: _____
Branch Address: _____
Account Number: _____
Financial Institution Number: _____ (3 digits) Branch Transit Number: _____ (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](http://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](http://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, 1<sup>st</sup> 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 \_\_\_\_\_