

Please note you may revoke your authorization at any time, subject to providing written notice of 30 days. To obtain a cancellation form, call the Overpayment Recovery Unit at 905-546-2424 ext. 4897. For more information on your right to cancel this PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

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, you may contact your financial institution or visit www.cdnpay.ca.

Monthly Gross Family Income	Minimum Monthly Payment Amount	Monthly Gross Family Income	Minimum Monthly Payment Amount
\$1,000	\$100	\$4,600	\$460
\$1,100	\$110	\$4,700	\$470
\$1,200	\$120	\$4,800	\$480
\$1,300	\$130	\$4,900	\$490
\$1,400	\$140	\$5,000	\$500
\$1,500	\$150	\$5,100	\$510
\$1,600	\$160	\$5,200	\$520
\$1,700	\$170	\$5,300	\$530
\$1,800	\$180	\$5,400	\$540
\$1,900	\$190	\$5,500	\$550
\$2,000	\$200	\$5,600	\$560
\$2,100	\$210	\$5,700	\$570
\$2,200	\$220	\$5,800	\$580
\$2,300	\$230	\$5,900	\$590
\$2,400	\$240	\$6,000	\$600
\$2,500	\$250	\$6,100	\$610
\$2,600	\$260	\$6,200	\$620
\$2,700	\$270	\$6,300	\$630
\$2,800	\$280	\$6,400	\$640
\$2,900	\$290	\$6,500	\$650
\$3,000	\$300	\$6,600	\$660
\$3,100	\$310	\$6,700	\$670
\$3,200	\$320	\$6,800	\$680
\$3,300	\$330	\$6,900	\$690
\$3,400	\$340	\$7,000	\$700
\$3,500	\$350	\$7,100	\$710
\$3,600	\$360	\$7,200	\$720
\$3,700	\$370	\$7,300	\$730
\$3,800	\$380	\$7,400	\$740
\$3,900	\$390	\$7,500	\$750
\$4,000	\$400	\$7,600	\$760
\$4,100	\$410	\$7,700	\$770
\$4,200	\$420	\$7,800	\$780
\$4,300	\$430	\$7,900	\$790
\$4,400	\$440	\$8,000	\$800
\$4,500	\$450		

**CITY OF HAMILTON
HEALTHY AND
SAFE COMMUNITIES**

**OVERPAYMENT
PRE-AUTHORIZED
PAYMENT PLAN**



Hamilton

ONTARIO WORKS

