

2. Financial Institution Details

Field	Entry	Guidance / Notes
*FI Transit Number		5 digits
*Institution / Bank Number		3 digits
*Account Number		Minimum 7 digits
*FI Name		Full branch name
*FI Address		Street No., Street, Suite, City/Town, Province, Postal Code

3. Conditions and Acknowledgements

1. Any returned payments will be subject to an administration fee.
2. Payments returned as Non-sufficient funds (NSF) will automatically be re-presented by the City's bank for a second withdrawal attempt within ten (10) business days after the first attempt is returned.
3. If a bank payment is returned twice during any calendar year, enrolment in the Pre-authorized Payment Plan will be terminated.
4. Once enrolled in a pre-authorized payment plan, you will remain in the plan automatically every year until such time as you advise the City that you wish to cancel. If you choose to change or cancel the plan at any time, the City requires written notice to amend or stop deductions two weeks prior to the next withdrawal date. Cancellation form is available at www.hamilton.ca/tax
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.



4. 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 Monthly tax amount will be withdrawn on or after January 1 to December 1 inclusive.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 Monthly tax amount will be withdrawn on or after January 15 to December 15 inclusive.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 Monthly tax amount will be withdrawn on or after February 1 to November 1 inclusive.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 Taxes will be withdrawn on the four instalment due dates scheduled for the last working day of February, April, June and September.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. Penalty at 1.25% is charged on unpaid taxes on the first day of default. If taxes remain unpaid, then interest at 1.25% per month (15% per annum) is charged on the first of each calendar month thereafter to all taxes past due. Payments will be withdrawn on the last working day of January to December inclusive.
 Amount to be withdrawn: \$* _____ * Payment plan is subject to approval by the Taxation Section.
 (Taxpayer determines the amount to be paid **ON ARREARS PLAN ONLY.**)

5. Sign Off

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

Field	Entry
*Signature (1)	
*Print Name (1)	
Signature (2)	
Print Name (2)	
*Date (mm/dd/yyyy)	

Section 6. Submit Application by one of the following:

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

In-Person at City Hall or a Municipal Service Centre
<https://www.hamilton.ca/city-council/contact-us/municipal-service-centres>

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. If you have any questions about the preauthorized payments or the collection of information, please contact us at (905) 546-2489 or via email at taxsupport@hamilton.ca

**For an accessible version of the pre-authorized Debit Plan, please contact,
 (Taxation by Calling 905-546-2489 or Email: taxsupport@hamilton.ca)**