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.cdnpav.ca.

Monthly	Minimum	Monthly	Minimum
Monthly	Monthly	Monthly	Minimum
Gross Family	Payment	Gross Family	Monthly Payment
Income	Amount	Income	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



ONTARIO WORKS

It's convenient and economical

Our Pre-Authorized Payment Plan offers an easy way to pay your Ontario Works overpayment. It will be a time and cost-saving service for you by eliminating the need for postage, the purchase of cheques or money orders or the need to come into our office to make payments.

How much can I pay?

A minimum payment of \$100.00 per month is required to use this option. However, it is expected you pay a minimum of 10% of your monthly income. You may be asked to provide verification of your income.

It's Flexible

You can stop this service whenever you wish; you just need to give Ontario Works 30 days written notice.

How do I sign up?

Just complete the attached form, attach a VOID personal cheque or have the bank complete and stamp the Authorization form and return it to Ontario Works:

City of Hamilton – Ontario Works Financials Unit Unit 14A-1550 Upper James St. Hamilton, ON L9B 2L6

For further information or assistance, call our Overpayment Unit at:

(905) 546-2424 ext 4897

Pre-Authorized Payment Form

Name:			
Address:			
Phone Number:			
Ontario Works Member ID#:			
(If not available – provide Date of Birth)			
Name of Financial Institution:			
Branch Address:			
City:			
Province:			
Bank Number: Transit Number:			
0			
Chequing Account Number			
Type of Chequing Account			
(check one):			
□ Chequing / Savings			
□ Personal Chequing			

FOR VERIFICATION PURPOSES, PLEASE ENCLOSE ONE OF YOUR PERSONAL CHEQUES MARKED 'VOID'.

Amount you	wish to be withdrawn per month
	n payment of 10% o
<u>your montl</u>	hly gross income
per month	(chart on back)**
Date you wis	h this amount to be
withdrawn o	n □ 1 st of the month
	□ 15th of the month
	□ 22nd of the month
Hamilton – Or my/our accou	authorize the City of ntario Works to Debit nt in the amount and or lously indicated.
Date:	
Signature:	
Second Signa account:	ature if it is a joint
Signature:	

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

The Pre-Authorized Payment will show in your bank account as "Bill Payment"