

**Attach a VOID cheque to the completed form and Fax to (905) 546-2449 or email to [taxsupport@hamilton.ca](mailto:taxsupport@hamilton.ca) 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 Monthly tax amount will be withdrawn on or after January 1 to December 1 inclusive.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 Monthly tax amount will be withdrawn on or after January 15 to December 15 inclusive.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 Monthly tax amount will be withdrawn on or after February 1 to November 1 inclusive.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 Taxes will be withdrawn on the four instalment due dates scheduled for the last working day of February, April, June and September.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. 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 Payments will be withdrawn on the last working day of January to December inclusive. Amount to be withdrawn: \$ _____ * Payment plan is subject to approval by the Taxation Section.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 <b>ARREARS PLAN ONLY.</b> )

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)

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 taxation 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](http://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](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. 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](mailto:taxsupport@hamilton.ca).**

I authorize the City of Hamilton to debit my bank account starting on: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_