



The Corporation of the Township of Hamilton
Pre-Authorized Tax Payment Plan - Application Form

Roll Number: 1419-000- Monthly Plan
 Start Date: _____ Amount: \$ _____ Installment Plan

Property Owner(s): _____

Mailing Address: _____

Property Address (if different than mailing): _____

Phone Number: _____ Email: _____
(Optional)

I(we) have attached a blank cheque marked "VOID" or a Direct Deposit/Pre-Authorized Payment form from my(our) financial institution.

Conditions of Agreement

- ▶ I will notify The Corporation of the Township of Hamilton in writing of changes to my financial institution, branch or account.
- ▶ If I am changing ownership of the property and/or need to cancel these pre-authorized payment arrangements, I will notify the Township of Hamilton in writing giving at least 21 days notice.
- ▶ I am protected against a loss due to error, fraud or misrepresentation, provided that I notify the financial institution identified above of the problem within 90 days of the date the payment was charged to my account.
- ▶ I will check my account statement/passbook regularly to confirm that withdrawals are being made in accordance with the authorization I have signed with the Township of Hamilton.
- ▶ The Corporation of the Township of Hamilton reserves the right to cancel these payment arrangements with written notice to you.
- ▶ If two payments in the same taxation year fail to be honoured, the Treasurer may cancel enrolment in the plan.
- ▶ For each payment that is not honoured from my account under the plan, the current administration fee will be applied to my tax account. I am aware that the Township will not retry a returned payment whether NSF or for any other reason. Note: This payment returned to the Township must be paid by the end of the month in which it occurred.
- ▶ The Township of Hamilton will provide notification as adjustments are made to the withdrawal amount at final billing. Supplementary billings and/or other charges added after the final billing process will not form part of this plan and will be subject to penalty charges, in accordance with the tax levying by-laws, if not paid on their respective due dates.

I(we) hereby authorize my(our) financial institution to withdraw from my(our) bank account as indicated on the attached cheque or form for the purpose of paying property taxes to the Corporation of the Township of Hamilton.

Date: _____ Signature: _____

<i>Office Use Only</i>		
PAP On Account:	Notified of Payment Amt:	PAP Off Account:
Date:	Mail / Email / Phone / In Person	Date:
Initials:	Date: Initials:	Initials: