



Revenue Services
 Box 2500, Terminal A
 Toronto ON M5W 1H2
 Tel.: 416-338-4829
 Fax: 416-392-0799

Pre-Authorized Tax Payment Program

Enrol by March 9, 2012
 Program starts in July 2012

The easy way to pay your Property Tax Bill

PLEASE ENROL ME IN THE PROGRAM FOR THE 2012 FINAL TAX BILL

Please review and complete the Pre-Authorized Debit (PAD) agreement information below:

I/we authorize the City of Toronto Revenue Services Division (herein referred to as the "City") and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as to the type of plan selected on this application (namely the two, six or eleven instalment plan).

I/we understand that the City will issue a tax bill indicating the amount of my instalments and the dates of withdrawal from my/our financial institution account. The City will notify me/us in writing at least 10 days prior to the date of the withdrawal if the amount is to be increased. **I/we can waive our right to this notice requirement if I/we authorize the City verbally.**

I/we understand that I/we may cancel our PAD agreement by providing written notice to the City at least 15 days before the next debit is scheduled and the notice must be sent to the City address indicated on this form. I/we also understand that the City may terminate this authority if any of my/our payments are returned by my/our financial institution as per the conditions of enrolment in the City Pre-Authorized Tax Payment Program. I/we may obtain a sample cancellation form or more information on my/our right to cancel this PAD agreement at my/our financial institution or by visiting either the Canadian Payments Association website www.cdnpay.ca or at www.toronto.ca/taxes/property_tax, the City's website.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may visit www.cdnpay.ca or may contact my/our financial institution.

I/we understand that all taxes must be paid in full to qualify.

Please complete all fields including the full date YYYY-MM-DD (Year, Month, Day) and signature(s). Incomplete forms will be returned.

My/our application is for Personal or Business PAD service

I/we are applying for the 2-Instalment Plan 6-Instalment Plan 11-Instalment Plan

Enclose void cheque

If an option is not selected, you will be enrolled in the 11-Instalment Plan.

Print my financial institution account information on my Tax Bill. Yes No

If an option is not selected, your account information will be printed on your tax bill.

APPLICANT INFORMATION

Assessment Roll Number: _____

Property Address: _____

Property Owner(s): _____

1. Signature*: _____

Date: _____
 MMM/DD/YYYY

Telephone (Day): _____

2. Signature*: _____

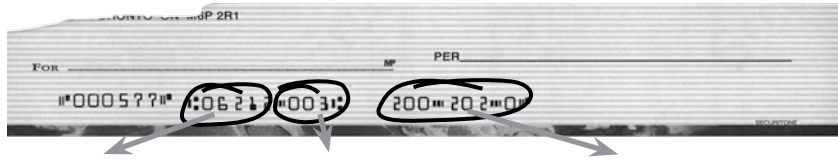
Date: _____
 MMM/DD/YYYY

Telephone (Day): _____

* Please provide additional signatures, if more than one signature is required on cheques issued against the account.

FINANCIAL INSTITUTION INFORMATION

Please attach a void cheque or fill in the following information.



Financial Institution (FI) Transit No.: _____

FI No.: _____

Account No.: _____

Transit number must be five (5) digits

FI Name: _____

FI Address: _____

Name of FI Officer: _____

FI Officer Title: _____

Signature of FI Officer: _____

FI Officer Phone #: _____

Personal information on this form is collected under the authority of *City of Toronto Act, 2006*, and Bylaw No. 4-1998 for the purpose of administering the Pre-Authorized Tax Payment Program. Questions about this collection can be directed to the Manager, Customer Service, Revenue Services, 5100 Yonge St, Toronto ON M2N 5V7, Telephone 416-338-4829.

Sending personal information by fax is not a secure means of transmission.