

Pre-Authorized Tax Payment (PTP) Program

Use this form to change or cancel existing enrolment. Complete an application for new enrolments. Return completed form at least 15 days before the next payment due date. Incomplete forms will be returned. *If First Name and Last Name do not apply because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name you may use Single Name.

Section 1. Property and Applicant Information	ation							
Assessment Roll Number (21 digits)								
1 9 - - - -	-	-	•					
Property Address (Street Number, Street Name, Suite/Unit Number)								
Property Owner Name (First, Last or *Single - if applicable)			Telephone Number					
Signature of Property Owner/Bank Account Holder (required)			Date (mm-dd-yyyy)					
Additional Property Owner Name (First, Last or *Single - if applicable)				Telephone Number				
Signature of Joint Bank Account Holder (if required)				Date (mm-dd-yyyy)				
Please provide additional signatures, if more than one	signature is req	uired on che	ques issi	ued again	ist the	e acc	count.	
Section 2. Cancel PTP Enrolment								
☐ Cancel my enrolment in the Pre-Authorized Tax Payment (PTP) plan I/We, cancel my/our authorization to issue (Personal or Business) pre-authorized debits against my/our financial institutional/bank account by the noted effective date. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee (City of Toronto).				Effective date of cancellation (mm-dd-yyyy)				
Section 3. Change Financial Institution/Banking Information or Instalment Plan								
Change my PTP Instalment Plan Changes will be reflected on your next tax bill.			☐ 2-Instalment ☐ 6-Instalment ☐ 11-Instalment					
Change my Financial Institution (bank account) information Line of credit accounts and credit card cheques cannot be used for pre-authorized payments.			Effective date of change (mm-dd-yyyy)					
Attach a void cheque, or a printed copy of a void cheque (available through online banking) or have your bank/financial institution complete the following information on your behalf.								
Рок								
#00057?# (:06 2 k 8) 00 31:) (200-20 2-0#)								
Financial Institution (FI) Transit Number FI Numb	FI Number Account N		umber					
FI Name								
FI Address (Street Number, Street Name, Suite/Unit N	umber, City/Tow	n, Province,	Postal C	ode)				
ne of FI Officer (First, Last or *Single - if applicable) FI Officer Title			FI Telephone Number					
Signature of FI Officer	'							
Section 4. Submit								
Please send your completed and signed form by								
Mail: Revenue Services Box 2500, Terminal A Toronto, ON M5W 1H2		Fax: 416-392-0799 (For tips on faxing, visit toronto.ca/propertytaxesandutilities)						

Revenue Services collects personal information on this form under the legal authority of the City of Toronto Act, 2006, sections 307 and 311 and the Toronto Municipal Code, Chapter 767, Taxation, Property Tax, Article III, Tax Collection, sections 767-4 and 767-5. The information will be used to administer the Pre-Authorized Tax Payment program. Questions about this collection can be directed to the Manager, Customer Service, Revenue Services, 5100 Yonge Street, Toronto, Ontario, M2N 5V7 or by telephone at 416-395-1048.