

# 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

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 required on cheques issued against the account.

## Section 2. Cancel PTP Enrolment

<input type="checkbox"/> <b>Cancel my enrolment in the Pre-Authorized Tax Payment (PTP) plan</b> 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)
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## Section 3. Change Financial Institution/Banking Information or Instalment Plan

<input type="checkbox"/> <b>Change my PTP Instalment Plan</b> Changes will be reflected on your next tax bill.	<input type="checkbox"/> 2-Instalment <input type="checkbox"/> 6-Instalment <input type="checkbox"/> 11-Instalment
<input type="checkbox"/> <b>Change my Financial Institution (bank account) information</b> 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.**



Financial Institution (FI) Transit Number	FI Number	Account Number
FI Name		
FI Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)		
Name 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](http://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.

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