

# Town of Barrington, RI

## Authorization for Direct Payment

I authorize the Town of Barrington, RI to initiate electronic withdrawals from my \_\_\_\_\_ checking \_\_\_\_\_ savings

account for payment of:

\_\_\_\_\_ Motor Vehicle Taxes

Account Number \_\_\_\_\_

\_\_\_\_\_ Real Estate Taxes

Account Number \_\_\_\_\_

\_\_\_\_\_ Tangible Taxes

Account Number \_\_\_\_\_

Frequency of payments:

\_\_\_ Monthly (15<sup>th</sup> of each month or first work day prior to)

\_\_\_ Quarterly (30<sup>th</sup> of each month or first work day prior to)

\_\_\_ Annually (September 30<sup>th</sup> or first working day prior to)

I acknowledge that the origination of ACH (electronic payment) transactions to my account must comply with the provisions of US Law. This electronic payment authority will remain in effect until I have cancelled it in writing. If the Town receives a notice on insufficient funds at any time, you will be unable to continue using this service.

I acknowledge that tax payment amounts will change every year based upon my tax bill (s).

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

Financial Institution: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution Routing/ Transit Number: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please staple a voided check here.

Keep a copy of this form for your records.