



**BARRINGTON**  
RHODE ISLAND

Finance Department  
Barrington Town Hall | 283 County Road | Barrington, RI 02806  
(401) 247-1900, ext. 2

## AUTHORIZATION FOR DIRECT PAYMENT

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 the US Law. This electronic payment authorization will remain in effect until I have cancelled it in writing. If the Town receive 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 base upon my tax bill (s).

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

Account number at Financial Institution: \_\_\_\_\_.

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Telephone Number: \_\_\_\_\_.

Email address: \_\_\_\_\_.

Please staple a voided check here and keep a copy of this form for your records.