



BARRINGTON
RHODE ISLAND

Barrington Town Hall | 283 County Road |

Finance Department
Barrington, RI 02806
(401) 247-1900, ext. 2

AUTHORIZATION FOR DIRECT PAYMENT

Account Number: _____

Frequency of Payments:

_____ Monthly (15th of each month or first work day prior to)

_____ Quarterly (30th of each month or first work day prior to)

_____ Annually (September 30th 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.