

Town of Warren, RI

Authorization for Direct Payment

I authorize the Town of Warren, 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 (15th of each month or first work day following)
- ___ Quarterly (installment due dates on bill)
- ___ Annually (August 1st or first working day following)

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.

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.