



Town of Warren, RI
AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Town of Warren 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 1 or first working day following)

I acknowledge that the origination of ACH (electronic payment) transactions to my account must comply with the provisions of U.S. 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.