



Town of Bristol, RI

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Town of Bristol to initiate electronic withdrawals from my ____ checking ____ savings account for payment of:

__ Motor vehicle taxes Account number: _____

__ Real estate taxes. Account number: _____

Frequency of payments:

__ Monthly (Over eleven months beginning August of each year. Taxes are withdrawn on the 15th of each month or first work day following the 15th)

__ Quarterly (installment due dates on bill)

__ Annually (August 15th 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: _____

Mailing Address: _____

E-mail address: _____

Please staple a voided check here.

Telephone: _____

Keep a copy of this form for your records.