



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      (15<sup>th</sup> of each month or first work day following)

Quarterly      (installment due dates on bill)

Annually      (August 15<sup>th</sup> 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.

Keep a copy of this form for your records.