

**TOWN OF SOUTH KINGSTOWN
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Taxpayer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Taxpayer Account Number _____

Bank Account Information

Bank Name: _____

Account Owner: _____

Account Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip: _____

Bank Routing # (9 digits) _____ Bank Account # _____

Account Type: Checking Savings (please check one)

****This form MUST be accompanied by a Printed Voided Check or Encoded Deposit Slip****
(If savings account, please provide written verification of routing number from Bank along with encoded deposit slip.)

_____ hereby authorizes the Town of South Kingstown to initiate Automated Clearing House (ACH) transfer entries and to debit the account identified herein for **quarterly** tax payments. This authorization shall remain in effect unless and until the Town of South Kingstown has received written notification from said taxpayer that this authorization has been terminated in such time and manner to allow the Town to act. The undersigned represents and warrants to the Town of South Kingstown that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct. The schedule for the next two quarterly payments is as follows:

3rd Quarter \$ _____ ACH Payment Date February 1, 2010

4th Quarter \$ _____ ACH Payment Date May 3, 2010

(Quarterly amounts for February through May 2010 can be found on the tax bill that was mailed in June 2009)

Note: After submission of the application, an acknowledgment will be sent to verify that the application was received. If a valid Email address is provided above, an Email reminder notice will be sent prior to each transaction.

_____/ / _____
Taxpayer Signature Date

Print Name