

**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:

3<sup>rd</sup> Quarter \$ \_\_\_\_\_ ACH Payment Date February 1, 2010  
4<sup>th</sup> 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