

ONLY complete this form if you want your quarterly tax payments automatically deducted from your bank account.
If you already participate in this program, you do not need to submit a new authorization form.

**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)

- For payments from a checking account, this form **MUST** be accompanied by a Printed Voided Check
- **OR** if from a savings account, this form **MUST** be accompanied by an Encoded Deposit Slip and written verification of routing number from the Bank.

_____ 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 four quarterly payments is as follows:

1st Quarter \$ _____ ACH Payment Date August 1st
(For August 1st payment above, application must be received by July 15th)
2nd Quarter \$ _____ ACH Payment Date November 1st
3rd Quarter \$ _____ ACH Payment Date February 1st
4th Quarter \$ _____ ACH Payment Date May 1st
(Quarterly amounts can be found on the tax bill that is mailed in June)

Note: If a valid Email address is provided above, an acknowledgement combined with a reminder notice will be sent prior to your first transaction and Email reminder notices will continue to be sent prior to each transaction.

Taxpayer Signature Date

Print Name