

TAX COLLECTOR
TOWN OF NEW SHOREHAM
P.O. BOX 445
NEW SHOREHAM, RI 02807
401-466-3230

TAXCOLLECTOR@NEW-SHOREHAM.COM

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Town of New Shoreham to initiate debit entries to my
___checking___savings account for payment of:

___Motor vehicle taxes Account number(s):_____

___Real estate taxes Account number(s):_____

Frequency of payments:

___Quarterly (Installment due dates on bill or next business day following)

___Annually (August 15th or next business day following)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that this authority will remain in effect until I have cancelled it in writing. Requests to stop any and all ACH payments must be received 2 business days prior to the deduction date by completing the Change of Status form.

I acknowledge that debit amounts will change every year based upon tax levies.

Date_____

Financial Institution_____

Account Number at Financial Institution_____

Financial Institution Routing/Transit Number_____

Financial Institution City and State:_____

Signature:_____

E-mail address:_____

Phone No:_____

Please staple a voided check here if using a checking account.

Keep a copy of this form for your records.