



TOWN OF MIDDLETOWN
 350 EAST MAIN ROAD • MIDDLETOWN, RHODE ISLAND 02842

OFFICE OF THE FINANCE DIRECTOR AND TAX COLLECTOR

Office: (401) 846-4478 • Fax: (401) 849-6267

OFFICE OF THE TAX ASSESSOR

Office: (401) 846-0193 • Fax: (401) 845-0413

MIDDLETOWN TAX PAYMENTS AUTOMATIC ACCOUNT WITHDRAWAL FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Town of Middletown to initiate debit entries to my (our) Checking () Savings () account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. These debit entries will occur as indicated:

Elect Payment Option Below:

ANNUALLY _____ Payment on first due date of September 10th
 QUARTERLY _____ The installment due dates on the bill
 MONTHLY _____ 12 equal installments, 10th of each month

Tax Accounts to be Paid via ACH

Motor Vehicle _____	Account # M- _____
Real Estate _____	Account # R- _____
Real Estate _____	Account # R - _____
Sewer _____	Account # S - _____
Water _____	Account # W - _____
Tangible _____	Account # T- _____

DEPOSITORY NAME: _____	BRANCH: _____
ROUTING NUMBER: _____	BANK ACCOUNT NUMBER: _____

PLEASE PRINT LEGIBLY

This authorization is to remain in full force and effect until the Town of Middletown has received written notice from me (or either of us) of its termination in such time and in such manner as to afford the Town of Middletown and DEPOSITORY a reasonable opportunity to act on it. I/We acknowledge the attached ACH policy and its terms and conditions.

NAME(S): _____	SIGNATURE(S): _____
Business: _____	Position: _____
Phone: _____	Phone: _____
E-Mail: _____	E-Mail alternate: _____

Date Signed: _____	Received Tax Collections: _____	Date _____ TC _____
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REQUIRED – ATTACH A VOIDED CHECK and or ROUTING NUMBER and BANK ACCOUNT VERIFICATION