



ACH AUTHORIZATION FORM

WEST WARWICK TAXES

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

REAL ESTATE ACCOUNT #(S): _____

SEWER/SEWER ASSESSMENT ACCOUNT#(S): _____

MOTOR VEHICLE ACCOUNT#(S): _____

TANGIBLE ACCOUNT#(S): _____

I, _____, authorize the Town of West Warwick to withdraw the quarterly tax payments from my bank account on July 15th, 2024, October 15th, 2024, January 15th, 2025 and April 15th, 2025. I understand the withdrawals will continue until I rescind authorization by contacting the Tax Collector's Office of the Town of West Warwick at 401-822-9210.

FOR CHECKING - ATTACH VOIDED CHECK

FOR STATEMENT SAVINGS – ATTACH A LETTER FROM YOUR BANK CONFIRMING YOUR SAVINGS ACCOUNT NUMBER AND ROUTING NUMBER