



## **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 15<sup>th</sup>, 2020, October 15<sup>th</sup>, 2020, January 15<sup>th</sup>, 2021 and April 15<sup>th</sup>, 2021. 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**