



Automatic Payment Program

Automated Clearing House (ACH) Authorization form

Sign up today for the Automatic Payment Program by following the steps below and completing this ACH Authorization form.

1. Enter contact information and payment amount

Attach Voided Check Here.

Full Name: _____

If you do not have a voided check to

Daytime Phone: _____

supply, please mark this box. By checking

Additional Phone: _____

this box there could be a potential delay

Email Address: _____

in processing your request.

Frequency:

Quarterly (Jul, Oct, Jan & Apr) **Annually** (Jul) due the 15th of the month or last business day before such date

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Amount of debit(s) to be drafted \$ _____

2. Provide checking account information for withdrawal

(Thank you for printing legibly)

Bank Name: _____

Bank Phone: _____

ACH Routing #: _____

(If ACH routing/transit number is not available, use ABA check routing number)

Checking Account #: _____

(Payments must be drawn on a checking account held by a U.S. financial institution, in U.S. funds.)

3. Agree to when automatic payment will be drafted

I understand that it may take up to **twenty** business days for the Automatic Payment to be initiated.

I understand that the payment will be debited on the scheduled payment due date (15th of the month).

4. Authorize withdrawal

I authorize Town of Narragansett to initiate **monthly / annually** (circle one) electronic funds withdrawals to cover my account payment from my checking account. **I understand that his authorization will remain in full force and effect until I notify the Town of Narragansett in writing that I wish to revoke this authorization at the address below.** I understand that the Town of Narragansett requires at least 10 business days' notice in order to cancel this authorization.

Signature: _____

Date: _____

(Checking account owner signature required)

Checking account owner's name as it appears on checks:

(Please print name)

5. Return materials to complete enrollment

You can fax this form and a voided check to 401-789-0946, or send to:

**Town of Narragansett
Tax Collections
25 Fifth Avenue
Narragansett, RI 02882**

IMPORTANT: The person completing this Automatic Payment authorization must be the same as the person whose name appears above as the checking account owner.

Real Estate Accounts

Account Number

Property Location

Name of Property Owner

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Motor Vehicle Accounts

Account Number

Name on Motor Vehicle Registration

_____	_____
_____	_____
_____	_____

Please print clearly the email address below

Please return to: Tax Collection, 25 Fifth Avenue, Narragansett, RI 02882