Town of Exeter, Rhode Island



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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Town of Exeter	Company ID Number_2056000645
I (we) hereby authorize Town of Exeter , hereinafter called Company to initiate debit entries to my (our)Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.	
Depository Name	-
Routing Number	Bank Account Number
This authorization is to remain in full force and effect until (Company) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford (Company) and Depository a reasonable opportunity to act on it.	
Names(s)	Tax Account Number(s)
Date	Signature
Phone	Email

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

NOTE: SHOULD THE FUNDS NOT BE AVAILABLE FOR WITHDRAWAL ON THE ${\bf 15}^{\rm TH}$ OF THE QUARTER THE ACH DEBIT WILL CEASE FOR THE REMAINING QUARTERS.