



# **ACH QUARTERLY AUTHORIZATION FORM**

## **COVENTRY TAXES**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**REAL ESTATE ACCOUNT #(S):** \_\_\_\_\_

**SEWER/SEWER ASSESSMENT ACCOUNT#(S):** \_\_\_\_\_

**TANGIBLE ACCOUNT#(S):** \_\_\_\_\_

*I, \_\_\_\_\_, authorize the Town of Coventry to withdraw the quarterly tax payments from my bank account on August 15<sup>th</sup>, 2025, November 15<sup>th</sup>, 2025, February 15<sup>th</sup>, 2026 and May 15<sup>th</sup>, 2026. **\*\*To begin this year, account must be current with most recent quarter. I understand the withdrawals will continue in the same manner, each year, until I rescind authorization in writing either by mail to the Coventry Tax Collector or email to: [mhoule@coventryri.gov](mailto:mhoule@coventryri.gov). (You should expect acknowledgement of the request within a week. depending on if the request was by mail or email) Requests to rescind authorization or make any changes must be made at least 7 business days in advance of the next payment to be deducted and must be made in writing.***

**FOR CHECKING - ATTACH VOIDED CHECK**

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



# **ACH MONTHLY AUTHORIZATION FORM**

## **COVENTRY TAXES**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**REAL ESTATE ACCOUNT #(S):** \_\_\_\_\_

**TANGIBLE ACCOUNT#(S):** \_\_\_\_\_

***I, \_\_\_\_\_, authorize the Town of Coventry to withdraw the 10 monthly tax payments from my bank account on the 15<sup>th</sup> of each month beginning July 15, 2025 and ending April 15, 2026. \*\*To begin this year, current payments on account must current with the program schedule. I understand the withdrawals will continue in the same manner, each year, until I rescind authorization in writing either by mail to the Coventry Tax Collector or email to: [mhoule@coventryri.gov](mailto:mhoule@coventryri.gov). (You should expect acknowledgement of the request within a week. depending on if the request was by mail or email) Requests to rescind authorization or make any changes must be made at least 7 business days in advance of the next payment to be deducted and must be made in writing.***

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