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 15th, November 15th, February 15th and May 15th. **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. (You should expect acknowledgement of the request within a week. depending on if the request was by mail or email) Requests to start or 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 15th of each month beginning July 15th current year and ending April 15th of the following year. **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. (You should expect acknowledgement of the request within a week. depending on if the request was by mail or email) Requests to start or 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