



# 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>, 2024, November 15<sup>th</sup>, 2024, February 15<sup>th</sup>, 2025 and May 15<sup>th</sup>, 2025. **\*\*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, 2024 and ending April 15, 2025. \*\*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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