



**TOWN OF HOPKINTON
OFFICE OF TAX COLLECTOR
PO BOX 154
HOPKINTON, RI 02833-0154**

RITA H DEANE

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AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Town of Hopkinton to initiate electronic debit entries to my
__checking __savings account for payment of:

__Motor vehicle taxes Account number: _____

__Real estate taxes Account number: _____

Frequency of payments:

__ Monthly (15th of each month or first working day following)

__ Quarterly (installment done on the 15th or first working day following - months of
September, December, March, June)

__ Annually (September 15th or first working day following)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S.
law. ***This authority will remain in effect until I have cancelled it in
writing.***

I acknowledge that debit amounts will change every year based upon tax levies.

Date: _____

Financial Institution: _____

Account Number at Financial Institution: _____

Financial Institution Routing/Transit Number: _____

Financial Institution City and State: _____

Signature: _____

E-Mail address: _____

Telephone# _____

Please staple a void check here.

Keep a copy of this form for your records.