



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

MARY LYNN CASWELL

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The Town of Hopkinton now accepts electronic payments for real estate and motor vehicle taxes.

You authorize payment of your taxes by completing the "Authorization for Direct Payment" form and returning it to the Tax Collector's Office.

You will note that there are several options relating to how to pay your taxes. The following indicates when your payment will be deducted from your designated account.

Monthly      Your yearly tax will be divided into twelve equal installments.

The First payment will be made July 15<sup>th</sup>; your last payment will be made June 15<sup>th</sup>. **Note: if payment is \$100.00 or less full payment will be deducted on September 15<sup>th</sup>.**

Quarterly      Installment done on the 15<sup>th</sup> (Sept, Dec, March, June)

Annually      Installment due September 15<sup>th</sup>.

Note: all payments will be made on the 15<sup>th</sup> or the first working day following.

This payment option is available only on taxpayer accounts that are paid up to date.

**Insufficient funds/returned payments will result in return processing fees and shall result in termination of this payment option.**



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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    (15<sup>th</sup> of each month or first working day following)

\_\_ Quarterly    (installment done on the 15<sup>th</sup> or first working day following - months of  
September, December, March, June)

\_\_ Annually    (September 15<sup>th</sup> 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.