



TOWN OF BURRILLVILLE

Tax Collection Department
105 Harrisville Main Street, Harrisville, RI 02830

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Town of Burrillville to initiate electronic withdrawals from the following account:	
<input type="checkbox"/> My Checking Account	<input type="checkbox"/> My Savings Account
Financial Institution:	
Account Number at Financial Institution:	
Financial Institution Routing/Transit Number:	
Financial Institution City and State:	
Please pay the following accounts:	
<input type="checkbox"/> Real Estate Taxes	Account Number:
<input type="checkbox"/> Motor Vehicle Taxes	Account Number:
<input type="checkbox"/> Tangible Taxes	Account Number:
Frequency of Payments	
<input type="checkbox"/> Monthly (15 th of each month or first work day following)	
<input type="checkbox"/> Quarterly (installments due dates on bill or next business day)	
<input type="checkbox"/> Annually (August 1 st or next business day)	
I acknowledge that the origination of HCA (electronic payment transactions) to my account must comply with the provisions of US Laws. This electronic payment authority will remain in effect until I have cancelled in writing.	
Print Name	
Signature	Date:
Telephone Number:	
Email Address:	

**Please Staple voided check here.
Keep a copy of this form for your records.**