

TOWN OF RICHMOND
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Taxpayer Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____
Taxpayer Account Number _____

Bank Account Information

Bank Name: _____
Account Owner: _____
Account Name: _____
Bank Address: _____
Bank City: _____ State: _____ Zip: _____
Bank Routing # (9 digits) _____ Bank Account # _____
Account Type: Checking ___ Savings ___ *(please check one)*

- For payments from a checking account, this form **MUST** be accompanied by a Printed Voided Check
- **OR** if from a savings account, this form **MUST** be accompanied by an Encoded Deposit Slip and written verification of routing number from the Bank.

_____ hereby authorizes the Town of Richmond to initiate Automated Clearing House (ACH) transfer entries and debit the account identified herein for tax payments. This authorization shall remain in effect unless and until the Town of Richmond has received written notification from said taxpayer that this authorization has been terminated in such time and manner to allow the Town to act. The undersigned represents and warrants to the Town of Richmond that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

Payment Schedule: Annual _____ Quarterly: _____

- Annual ACH Payment Date: September 7th
- 1st Quarter ACH Payment Date September 7th
- 2nd Quarter ACH Payment Date December 7th
- 3rd Quarter ACH Payment Date March 7th
- 4th Quarter ACH Payment Date June 7th

Note: If a valid Email address is provided above, an acknowledgement combined with a reminder notice will be sent prior to your first transaction and Email reminder notices will continue to be sent prior to each transaction.

Taxpayer Signature Date

Print Name