

ACH AUTHORIZATION FORM – TAXES / WATER

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

ACCOUNT #(S): _____

I (please print), _____, authorize the City of Newport to withdraw the funds for the above account(s) from my bank account on the payment due date. I have attached a copy of a voided check from my bank account. I agree and understand the deductions will continue until I rescind authorization by contacting the Collections Office of the City of Newport at 401-845-5404.

SIGNATURE: _____

ATTACH A VOIDED CHECK BELOW. FORM AND VOIDED CHECK MAY BE MAILED TO TAX COLLECTOR 43 BROADWAY NEWPORT RI 02840 OR SCANNED/EMAILED TO lkenney@cityofnewport.com.