Town of Smithfield

64 Farnum Pike

|  |  |
| --- | --- |
| Smithfield, RI | 02917 |
| www.smithfieldri.com | |
| Tax Collector | Tax Assessor |
| Tel. (401) 233-1005 | Tel. (401) 233-1014 |
| Fax (401) 233-1060 | Fax (401) 232-7244 |

**DIRECT ACH PAYMENT INFORMATION**

The Town of Smithfield now accepts electronic payments for real estate, tangible, and sewer taxes.

You may authorize payment of your taxes by completing the “Authorization for Direct Payment” form and returning it to the Tax Collection Department.

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

Quarterly: September 30th, December 31st, March 31st, and June 30th

Annually: September 30th

**ALL PAYMENTS WILL BE MADE ON THE 30TH OR THE NEXT BUSINESS DAY FOLLOWING.**

If you begin the payment plan during the tax year, your payment options will be discussed with you.

This payment option is available only on current taxpayer accounts.

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

Updated 8/9/23

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**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize the Town of Smithfield to initiate electronic debit entries from my:

\_\_\_checking \_\_\_savings account for payment of:

\_\_\_Real Estate Taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Tangible Taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE Account Number Tangible Account Number

\_\_\_Sewer Taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sewer Account Number

|  |  |
| --- | --- |
| Frequency of Payments: |  |
| \_\_\_Quarterly | (September 30th, December 31st, March 31st and June 30th) |
| \_\_\_Annually | (September 30th or the next business day following) |

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution’s Routing/Transit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a voided check