

Town of Smithfield  
64 Farnum Pike  
Smithfield, RI 02917  
www.smithfieldri.com

Tax Collector  
Tel. (401) 233-1005  
Fax (401) 233-1060

Tax Assessor  
Tel. (401) 233-1014  
Fax (401) 232-7244

### **DIRECT PAYMENT INFORMATION**

The Town of Smithfield now accepts electronic payments for real estate and motor vehicle 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 30<sup>th</sup>, December 30, March 30 and June 30<sup>th</sup>  
Annually: September 30, 2011

### **ALL PAYMENTS WILL BE MADE ON THE 30<sup>TH</sup> 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.

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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:

\_\_\_Motor Vehicle Taxes \_\_\_\_\_  
MV Account Number

\_\_\_Real Estate Taxes \_\_\_\_\_  
RE Account Number

Frequency of Payments:

\_\_\_Quarterly (September 30<sup>th</sup>, December 30, March 30 and June 30<sup>th</sup>)  
\_\_\_Annually (September 30<sup>th</sup> 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 City and State: \_\_\_\_\_

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

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

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

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

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

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

Please staple a voided check here.