

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 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.

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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