

SPRINGETTSBURY TOWNSHIP



COAT OF ARMS OF SPRINGETT PENN
1701-1731

1501 Mt. Zion Road
York, Pennsylvania 17402
717-757-3521 Fax: 717-757-7856
www.springettsbury.com
email: info@springettsbury.com

Police: 717-757-3525 Fax: 717-840-1908
Police and Fire Emergencies - Dial 911
Recreation Office: 717-505-0406

Wastewater Treatment Facility
3501 North Sherman Street
717-757-3521 Fax: 717-840-0680

BOARD OF SUPERVISORS

Mark M. Swomley
Chairman

George M. Dvoryak
Vice Chairman

Kathleen A. Phan
Assistant Secretary/Treasurer

William H. Schenck, III

Blanda E. Nace

TOWNSHIP MANAGER

Benjamin B. Marchant

AUTHORIZATION FOR ACH CREDITS/DEPOSITS

Fill in the information below and send the completed form along with a voided check to: Springettsbury Township, 1501 Mt. Zion Rd, York, PA 17402

(Please Print)

Vendor's Name: _____

Vendor's Address: _____

Vendor's Phone Number: _____

Vendor #: _____

Bank Name(Depository): _____

Bank Routing #: _____

(The first nine digits found on the bottom left-side of your check.)

Bank Account #: _____ Type of Bank Account: _____

(The next set of #'s on the bottom of your check.) (Example: savings, checking)

Please attach voided check from account to be credited for your invoice.

I hereby authorize Springettsbury Township to initiate credit entries and to initiate, if necessary, credit and/or debit adjustments for any entries in error to our account indicated above and the financial institution named above to debit and/or credit the same to such account.

This authorization will remain in effect until I instruct Springettsbury Township in writing to cancel or change it. Future authorizations must be in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature: _____ Date: _____

Name: _____ Title: _____

Email address of Contact Person: _____