



COAT OF ARMS OF SPRINGETT PENN
1701-1731

SPRINGETTSBURY TOWNSHIP

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 DEBITS/DRAFTS

Complete this form and send with a **voided check** to:

Springettsbury Township, Attn: Finance Department, 1501 Mt Zion Rd, York, PA 17402

Or Finance@Springettsbury.com

Owner's Name(s) _____

Owner's Address _____

Owner's Phone Number _____

Email Address for Bill Delivery _____

Property Address _____

Bank Name _____

Bank Routing # _____

Bank Account # _____

Type of Bank Account _____

I authorize Springettsbury Township to charge my sewer payment to the bank account number shown above. I understand that the funds will be withdrawn on the last business day of the bill month, and that it is my responsibility to ensure sufficient funds are in my account at that time.

I understand that if my total payment amount changes due to a rate change, I will received notice from Springettsbury Township and the Township will withdraw the new amount on the effective date of such change unless otherwise instructed by me.

This authorization will remain in effect until I instruct Springettsbury Township in writing to cancel or change it. Future authorizations must be in writing and must be received by Springettsbury Township 15 days prior to the last day of the effective month. I also understand that if my payment is returned for "Non-Sufficient Funds," Springettsbury Township will charge my account for NSF charges and penalty and interest as approved by resolution of the Board of Supervisors of Springettsbury Township. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US laws.

Signature _____ Date _____

Signature _____ Date _____