

SPRINGETTSBURY TOWNSHIP



CREST OF SPRINGETTSBURY
INCORPORATED 1891

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

Charles A. Wurster
Assistant Secretary/Treasurer

Donald P. Bishop

Robert F. Cox

TOWNSHIP MANAGER

Mark T. Hodgkinson

AUTHORIZATION FOR ACH CREDITS/DEPOSITS

Please complete and return form along with a voided check to:

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

(Please Print)

Vendor Name: _____

Vendor Address: _____

Vendor Phone Number: _____

Vendor #: _____

Bank Name (Depository): _____

Bank Routing #: _____

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

Bank Account #: _____

(The next set of #'s on the bottom of your check.)

Type of Bank Account: _____

(Example: savings, checking)

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: _____