

# ACH Authorization Form

Borough of Spring Grove / Susquehanna Bank

I Authorize the Borough of Spring Grove and Susquehanna Bank to initiate entries to my Checking/Savings account, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 day before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement of 60 days after posting, whichever occurs first.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution) (Street) (City) (State) (Zip Code)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address ) (Street) (City) (State) (Zip Code)

Checking Account Number - \_\_\_\_\_ (or) Savings Account Number - \_\_\_\_\_

Financial Institution Routing Number (Required) - \_\_\_\_\_

Note: In the case of revoked authorization, all written authorizations must be revoked only by notifying the originator in writing no later than 15 days before the next transaction effective date.

PLEASE ATTACH A VOIDED CHECK HERE