



City of Watford City  
213 2<sup>nd</sup> St. NE  
PO Box 494  
Watford City, ND 58854  
Ph. 701- 444- 2533  
Fax 701- 444- 3004  
[www.cityofwatfordcity.com](http://www.cityofwatfordcity.com)

**ACH**  
**Direct Billing**

Utility Account #: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

- Checking
- Savings

**NOTICE : PLEASE READ BEFORE SIGNING**

*I agree to allow the City of Watford City to debit my bank account on the 2<sup>nd</sup> Tuesday of each month and apply the debited amount to my utility bill. I have provided my current account information. I understand this authorization will remain in effect until I give notice to cancel this service.*

*If my payment should be returned to the City due to non-sufficient funds in my bank account, I agree to pay the \$30 NSF fee that will be applied to my utility account. I also understand that if my payment should be returned a second time, the City will remove my bank information from my account and payment will need to be made by an alternate way.*

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only**

File Type:  
 Residential     Business

Date Entered into UB: \_\_\_\_\_  
Initials: \_\_\_\_\_