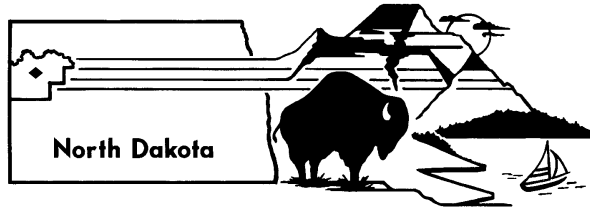


Watford City



**City of Watford City**

**Philip Riely, Mayor**

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

***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 and attached a voided check. I understand this authorization will remain in effect until I give written notice to cancel this service.***

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

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