



City of Watford City
213 2nd St. NE
PO Box 494
Watford City, ND 58854
Ph. 701- 444- 2533
Fax 701- 444- 3004
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 2nd 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: _____