



City of Watford City
Brent Sanford, Mayor
213 2nd St. NE
PO Box 494
Watford City, ND 58854
Ph. 701- 444- 2533
Fax 701- 444- 3004
www.mckenziecounty.net

ACH
Direct Billing

Utility Account #: _____

Resident Name: _____

Service Address: _____

Financial Institution: _____

Name on Bank Account: _____

Bank Account Number: _____

Checking

Savings

Routing Number: _____

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 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: _____