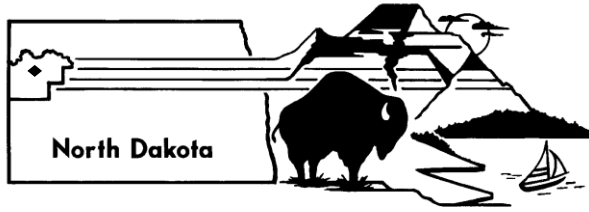


Watford City



City of Watford City

Justin Voll, Mayor

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

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: _____