

DIRECT WITHDRAWAL AUTHORIZATION FORM

I hereby authorize **THE CITY OF NORTHWOOD** to initiate direct withdrawal from my checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act.

Customer Name (Please print) _____

Utility Account Number _____

Name of Financial Institution _____

Bank Routing Number _____

Bank Account Number _____

****PLEASE ATTACH A CANCELLED CHECK OR DEPOSIT SLIP****

JOHN OR JANE DOE
1234 Some Street, 123-456-7890
Hometown, IA 50005

Bank Routing Number

4857

Date _____

Pay to the order of _____

\$

Dollars



Bank Account Number

Memo

026353253

0028071077345

|| * 04857

Customer Signature _____

Date _____