

APPLICATION FOR UTILITY SERVICE

City of Northwood
627 Central Ave
Northwood, IA 50459

PHONE 641-324-1075
FAX 641-324-1190

(PLEASE PRINT)

I hereby apply to the City of Northwood for Water/Sewer/Garbage services to be delivered at the service address listed below **beginning** _____, in accordance with the Utility's rules. I agree to pay all bills rendered for utility consumption **until I notify City Hall to discontinue said service.**

Name _____
(Last) (First) (Middle)

Service Address _____

Mail Address (If different than Service address) _____

Previous service address _____

Home Phone # _____ Cell # _____

Driver's License# _____ State License Issued _____

Place of Employment:

Name _____ Address _____ Phone _____

Spouse's Name _____
(Last) (First) (Middle)

Spouse's Driver's License# _____ State License Issued _____

Spouse's Employer:

Name _____ Address _____ Phone _____

Signature Date

LANDLORD: (IF RENTING)

Name _____ Address _____ Phone _____

*****OFFICE USE ONLY*****

DEPOSIT \$ _____ DATE PAID _____ RECEIPT # _____

TYPE OF SERVICE _____ WATER _____ SEWER _____ GARBAGE

ACCOUNT # _____

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

Location (City, State)

Checking Account Number

OR

Savings Account Number

Financial Institutions Rounting Number
(Look between symbols A://: on your check _____)

Customer Signature

Date

PLEASE ATTACH A COPY OF A CANCELLED CHECK OR DEPOSIT SLIP