

# 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 \_\_\_\_\_