

APPLICATION FOR UTILITY SERVICE

City of Northwood
627 Central Ave
Northwood, IA 50459

PHONE 641-324-1075
FAX 641-324-1190
Email: deputyclerk@northwoodia.org

(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 _____
(First) (Middle) (Last)

Service Address _____

****Mail Address (If different than Service address)** _____

Home Phone # _____ Cell # _____

Driver's License# _____ State Issued _____

E-Mail address _____

Place of Employment:
Name _____ Address _____ Phone _____

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

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

Spouse's Employer:
Name _____ Address _____ Phone _____

Landlord Name: (If Renting)
Name _____ Address _____ Phone _____

*** _____ ***
APPLICANT'S SIGNATURE **DATE**

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

DEPOSIT \$ _____ DATE PAID _____ RECEIPT # _____

ACCOUNT # _____

Are you tired of writing a check for your water bill every month?



Sign up for **Auto Pay** today!

Auto Pay is an automatic withdrawal from a checking or savings account on the 15th of each month.

You may elect to get a monthly postcard or sign up for E-Billing and have your bill e-mailed.

Fast – Convenient – FREE

Customer Name (Please print) _____

Utility Account Number _____

“Auto Pay” AUTHORIZATION FORM

“E-Billing” AUTHORIZATION FORM

Name of Financial Institution _____

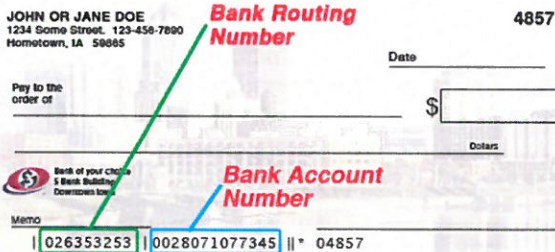
I would like to receive my bill by:

Bank Routing Number _____

_____ **Post Card**

Bank Account Number _____

_____ **E-Mail**



E-Mail Address: _____

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

I hereby authorize **THE CITY OF NORTHWOOD** to enroll me in electronic billing. I understand that by providing my e-mail address, I will receive my Municipal Utilities Bill via e-mail and I will not receive a paper statement. I further understand that it is my responsibility to inform City Hall of any change to my e-mail address. I understand that if for any reason I do not receive my e-bill, it does not relieve me of late fees, deposits or my obligation to pay. All bills are due on the 15th of each month. I further state that I am the duly authorized customer, or authorized payee, of said premises and understand anyone having access to the e-mail provided may also access my Municipal Utilities Bill.

****PLEASE ATTACH A VOID CHECK ****

Signature: _____ **Date:** _____