



819 1st Avenue South | Fort Dodge, Iowa 50501
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Fort Dodge Water Department
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
PLEASE TYPE ALL INFORMATION. HANDWRITTEN FORMS WILL NOT BE ACCEPTED.

Company Name: City of Fort Dodge, Iowa

Utility Billing Account Number: _____

First Name: _____ Last Name: _____

Service Address: _____

BANK INFORMATION

Your financial institution: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

I hereby authorize the Fort Dodge Water Department to withdraw funds from my checking/savings account on the due date of the water billing. This agreement will remain in effect until I terminate my service and/or cancel the automatic withdrawal from my financial institution.

Signature: _____ Date: _____

Printed Name: _____

Please return this form to the City of Fort Dodge Water Department and a voided check or a letter from your bank verifying the routing number and account number. Incomplete forms will NOT be processed.