

**Grand Forks – Traill Water District**  
PO Box 287  
Thompson, ND 58278  
Phone 701-599-2963 Fax 701-599-2056

Direct Withdrawal Authorization for Payment of Utility Bill

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings

Account Holder Name: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

- Please include a voided check from your account

I authorize Grand Forks – Traill Water District to withdraw my monthly utility amount according to the following schedule from the account listed above.

\_\_\_\_\_ Every 10<sup>th</sup> of the month

Start Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use  
Recvd By \_\_\_\_\_  
Date \_\_\_\_\_  
Sent \_\_\_\_\_