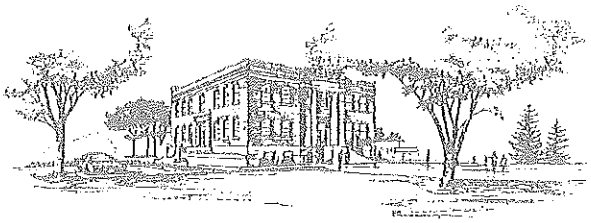
CITY OF AURORA



2 West Pleasant Street • P.O. Box 30 • Aurora, MO 65605-1396 • 417-678-5121 • FAX 417-678-6599 • www.aurora-cityhall.org

WELCOME TO AURORA

INFORMATION REGARDING YOUR SEWER BILL

Please come in or contact us and get your account information set up as soon as you receive this information so that we may get your accurate billing information into our system.

DEPOSIT

You are required to pay a deposit of $100.00 dollars for sewer services to your residence or place of business. If you can provide proof of the past twelve (12) consecutive months of good payment history from another utility company then we may be allowed to waive the deposit fee. ** Please note that at this time we have pre-billed the deposit to your account and require payment at your earliest convenience.*

REFUNDS

Refunds will no longer be returned when the deposit balance/overpayment on the account is in the amount of $4.99 or less and may be retained by the City for the operation of the utility.

PAYMENT METHODS

We accept cash, check/money order (payable to "City of Aurora"), and debit/credit cards (Visa, MasterCard and Discover). You can make your payment for sewer services by mail or over the phone at 678-5121 ext 22, in person at city hall (located at 2 W Pleasant), or by placing your payment in the drop box (located on the southeast side of the building). Please note that the utility drop box is brown in color. You may also sign up for automated bill pay by filling out the form on the back of this letter and attaching a voided check.

BAD CHECK FEES

There is a charge of $25.00 for any check that is returned and the account will be placed on a cash only basis for six (6) months until pay history is re-established.

ACH AUTHORIZATION FORM

City of Aurora
2 W Pleasant
Aurora, Mo 65605

(Direct ACH Payments)

Questions?
Please Call
417-678-5121

I. YOUR PERSONAL INFORMATION

Name: _____
(Name on Sewer Account and Bank Account must be the same)

Address: _____

Daytime Phone Number: _____

II. PAYMENT DATE

Draft payment the 25th day of the month

III. YOUR FINANCIAL INSTITUTION INFORMATION

Bank Name:	Bank Phone Number:
City:	State & Zip Code:

IV. PLEASE WITHDRAW FUNDS FROM:

_____ My Checking Account

_____ My Savings Account

Bank Routing Number:	Your Account Number:

V. PLEASE ATTACH A VOIDED CHECK BELOW

ACKNOWLWDGEMENT AND AGREEMENT

You authorize the City of Aurora and its successors and assigns to initiate debt entries as indicated above. You further authorize your financial institution noted as above to debit your account. You agree to pay a returned item charge of $25.00 as permitted by law for each returned item. If a debit is not made, you will promptly remit the total monthly payment plus any fees due. You are aware that the amount of the monthly payment may change from month to month and that the amount of the monthly debit will change accordingly. Upon receipt of your monthly statement you will know how much will be debited from your account. **You agree to continue to pay your bill until your monthly statement indicates "Bank Draft Active".** The customer may cancel this ACH Direct Debit Program Authorization with a 30-day advance written notice. The City of Aurora reserves the right to terminate the ACH Direct Debit Program immediately without prior notice.

Signature	Date
Additional Signature (if account requires 2)	Date