

**CITY OF AURORA**  
**16 WEST 2<sup>ND</sup> AVENUE NORTH**  
**PO BOX 160**  
**AURORA, MN 55705**

**Application for Automatic Bill Payment Plan**

\_\_\_\_\_  
Customer Name, as it appears on your bill

\_\_\_\_\_  
Name of financial institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name on checking account, if different from customer name

**Authorization Agreement for Automatic Bill Payment Plan**

I hereby authorize the City of Aurora to initiate withdrawals from my account at the financial institution named in this application for payment of my City of Aurora monthly service bills on or around the 26<sup>th</sup> of each month, and authorize the named financial institution to charge such withdrawals to my account. I understand that if the 26<sup>th</sup> is on a holiday or weekend the payment will be deducted from my account the previous business day. I understand that both the financial institution and the City of Aurora reserve the right to terminate this payment plan and/or my participation therein. I also understand that I may discontinue enrollment with written notice to the City of Aurora.

I understand the City of Aurora will impose a \$30.00 processing fee if the draft is not paid by my bank due to insufficient funds or my account being closed.

This authorization will be in effect until either party gives notice to the other of termination. I understand my written notice must be received by the City of Aurora in time for it to have a reasonable opportunity to act.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

- |  |
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| <ol style="list-style-type: none"><li>1. If bank account is listed in two or more names, all account holders must sign.</li><li>2. <b>Attach a voided check.</b></li><li>3. Sign and date the authorization agreement.</li><li>4. Fill out and mail this form or bring it in to the City Clerk's office.</li></ol> |
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