

Authorization Agreement for Automatic Debits (ACH Debits) (Please Print)

I hereby authorize the City of Aurora to make quarterly debits in the account identified below at _____ (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these debits. It is agreed that these debits may be made electronically and under the Rules of the National Automated Clearing-House Association. This authorization will remain in effect until written notice of termination is given to the City of Aurora. Should your ACH transaction present itself as insufficient funds, closed account or a stopped payment, the pass-through charge of \$5.00 will be applied to your water/sewer account with the City of Aurora.

Name of DFI DFI's Routing & Transit Number (9 digits long)

Account Number to Debit Circle One
Checking **Savings**

Name

Address / City / State / Zip

Home Phone or Cell Email Address

Signature Date

Please Attach a Voided Check (checking withdrawal) or Deposit Ticket (savings withdrawal) to This Authorization and return to:

City of Aurora, Water Department
158 W Pioneer Trail
Aurora, OH 44202