

Nixa Utilities  
707 W Center Circle – physical address  
P O Box 395- mailing address  
Nixa, MO 65714  
Tel 417-725-3229 Fax 417-725-7132  
Email: Utilitybilling@nixa.com



**LEVEL PAY BILLING / AVERAGE MONTHLY PAYMENT (AMP) AGREEMENT**

Customer Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_

**In order to qualify for the AMP program, the following criteria must be met:**

- Residential customer must have a zero (0) balance on their account and an established, twelve (12) months of history at customer’s current address.
- Customer must have a good payment record with no more than two (2) late payments, no returned checks, and have had no utility disconnected for non-payment in the previous twelve (12) months.

If the customer defaults on the above criteria, the AMP program will be terminated. After termination, customer will be ineligible for AMP for one (1) year.

The average monthly payment amount is calculated by averaging the dollar amount of the past twelve (12) bills for all utilities and services on the customer’s account at the current address. A (-) or CR on the bill indicates the account owes Nixa Utilities.

AMP amounts are recalculated in March each year following the customer’s enrollment. Any remaining balances would be used in the following year’s AMP calculation.

If a customer transfers within the City, AMP will terminate at the old address and will not be offered at the new address until a twelve (12) month history is established.

Customer is allowed to discontinue AMP at any time, at which point the balance due must be paid in full. Subsequent to application of all payments and credits to outstanding balances, a credit to the account will be issued for any credit amount remaining on the customer’s account.

\*By signing this application I am signing up for the City of Nixa’s Average Monthly Payment Plan and I agree to the above terms. I understand that I am responsible to pay the AMP amount every month on time and if I fail to adhere to the above criteria, I will be removed from the AMP plan and full payment will be due at that time.

Customer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Monthly Payment Amount \_\_\_\_\_