



EasyPay

Authorization Agreement for ACH Automatic Payment

- Step 1: Print Authorization Form
- Step 2: Fill in information completely
- Step 3: Make sure all lines are filled in
- Step 4: Include a VOIDED check
- Step 4: Mail to: Customer Service Desk
Attn: EasyPay
200 N David Street
Casper, WY 82601

Remember to include a VOIDED check from your financial institution

Customer Information

Your Name as it appears on your bank account _____

Mailing Address _____ City _____

State _____ ZIP _____ Phone _____

Name On Casper Utility Account _____

Utility Account # _____

Service/ Account Address (if different from Mailing address above) _____

Financial Institution Information

Financial Institution Name _____

Checking ABA Routing # _____ Checking Account # _____

Financial Institution Address _____ State _____ ZIP _____

Financial Institution Phone # _____

Note: You must provide a voided check with this application for processing.

Authorization

I hereby authorize the City of Casper to initiate debit entries to my (our) account indicated above. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

I understand the City runs the Automatic Bank Draft on the 20th day from the billing date.

Date _____ Signature _____