

# EASYPAY

**Signing up for EasyPay is quick,  
convenient and **free**.**

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## **To enroll:**

- 1. Complete the form below**
- 2. Void a check OR get a bank-issued memo with your routing and account numbers.**
- 3. Get your completed form and voided check/memo to Customer Service at City Hall. You can mail them or drop them off in person. (Do NOT e-mail)**

**City of Casper Finance Customer Service  
200 N David Street  
Casper, WY 82601**

- 4. Stop worrying that you'll forget to pay your utility bill.**

\*Please Note: Once set up payments will be pull 20 days from the bill date each month.

You will see the following verbiage on the coupon of each bill: "THIS BILL IS FOR  
YOUR RECORDS. BANK ACCOUNT DRAFTED in 20 DAYS".

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**Call 307.235.8400 Ext. 2  
with any questions or concerns.**





Authorization Agreement for  
ACH Automatic Withdrawal Payment

Remember your VOIDED Check or Bank Memo

CUSTOMER INFORMATION

CUSTOMER NAME \_\_\_\_\_  
(As it appears on your bank account)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SERVICE LOCATION and ACCOUNT # \_\_\_\_\_

SERVICE LOCATION and ACCOUNT # \_\_\_\_\_

SERVICE LOCATION and ACCOUNT # \_\_\_\_\_

- ☐ Check here if attaching additional sheet with more service locations  
☐ Check here if this is an ACH used to waive part of the account deposit.

FINANCIAL BANK INFORMATION

FINANCIAL BANK NAME \_\_\_\_\_

ACCOUNT ROUTING NUMBER \_\_\_\_\_

ACCOUNT CHECK/SAVINGS NUMBER \_\_\_\_\_

AUTHORIZATION

I hereby authorize the City of Casper to initiate debit entries to my (our) bank account indicated above. This authorization is to remain in full force and effect and will not end until the City of Casper receives a written notice. The City of Casper will ACCEPT a written discontinuance/change notice via letter, memo, or email. *Note: when conversing with email – for safety of your banking information do not list your bank account numbers in the email.*

Accounts that have service disconnected by the customer listed on this form will have their bank information removed from their account following the payment of the final charges.

\_\_\_\_\_ (Deposit waiver only) By initially here you acknowledge that you must pay any returned ACH item within 7 days of the initial attempt to avoid paying the waived deposit amount and disconnection.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Note: Payments will be pull 20 days from the bill date each month.