



CITY OF LARAMIE
Administrative Services Department
PO BOX C
Laramie, Wyoming 82073

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PHONE: (307) 721-5324
FAX: (307) 721-5211

Recurring Payment Authorization (ACH) Change & Removal Form

Effective Date: _____
Customer Name: _____
Utility Billing Account Number: _____ - _____
Service Address: _____
Contact Number: _____

*Please initial next to the appropriate line and/or fill out the information below to authorize us to change the ACH setup on your City of Laramie Municipal Services Utility Account.

_____ Please remove the ACH currently setup on my account. I understand that my payments will no longer be automatically withdrawn from my financial institution account.

_____ Please change the account from which my ACH is withdrawn:
(Please attach a voided check or deposit slip for new account)

Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Checking Account Savings Account

Customer Name: _____

Water Account Number: _____

Address of Service: _____

Signature: _____ Date: _____

Internal Use Only

Form Written by: _____ Date: _____

H.T.E. Changes made by: _____ Date: _____