

CITY OF FAIRBANKS
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FAIRBANKS, AK 99701-4615
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FINANCE DEPARTMENT
PHONE 907.459.6713
FAX 907.459.6722
accounting@fairbanks.us

AUTOMATIC QUARTERLY GARBAGE PAYMENTS

Garbage Account Name _____

Account Contact Phone Number(s) _____

Email Address (if available) _____

This form can be used for multiple garbage accounts. List all accounts you wish to establish on auto pay. Additional account/service addresses can be listed on the back of this form.

Account Number _____ Service Address _____

Account Number _____ Service Address _____

Account Number _____ Service Address _____

Account Number _____ Service Address _____

Bank / Credit Union / Financial Institution Information:

Is this a savings or a checking account? Savings Checking

Please attach a voided check or bank verification of you account and routing numbers in the space provided below.

Attach voided check or verification here

By signing this form, I agree to the following requirements to set up my garbage account(s) with automatic payment:

- 1) I have completed and signed this form.
- 2) I have attached verification of my checking/savings account, including my account and routing numbers.
- 3) I have paid my garbage account balance in full.
- 4) I will submit this completed form to the address below before the first day of the month that statements are processed and bills are due (Jan, Apr, July, Oct).
- 5) I understand that payments will be paid out of my account on the last business day of the month payment is due.
- 6) I understand that rejected or returned payments are subject to a \$50.00 fee.

Account Holder Signature _____ Date _____

For Finance Use Only:

Date Received: ___/___/____ Date Entered: ___/___/____ Balance: _____ Staff Initials: _____