

CITY OF FAIRBANKS
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FAIRBANKS, AK 99701-4615
www.fairbanksalaska.us



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 and that payments are subject to increases per Fairbanks General Code (FGC) Sec. 66-22.
- 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: _____