

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



FINANCE DEPARTMENT  
PHONE 907.459.6713  
FAX 907.459.6722  
accounting@ci.fairbanks.ak.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 \_\_\_\_\_

Return form to: City of Fairbanks  
Finance Department  
800 Cushman Street  
Fairbanks, AK 99701-4615

**Finance Use Only**  
Balance: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Date: \_\_/\_\_/\_\_\_\_