

**City of Fairbanks**

800 Cushman Street  
Fairbanks, AK 99701  
www.fairbanksalaska.us



**Finance Department**

Phone: 907-459-6713  
Fax: 907-459-6722  
citybilling@fairbanks.us

**Automatic Quarterly Garbage Payments**

Account Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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: \_\_\_\_\_  
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Account Number: \_\_\_\_\_ Service Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Service Address: \_\_\_\_\_

**Bank/Credit Union/Financial Institution Information:**

Is this a savings or a checking account?    Checking    Savings

Please attach a verification of your bank account and routing numbers in the space provided below:

*ATTACH VERIFICATION OR VOIDED CHECK COPY HERE*

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

- 1) I have attached verification of my checking/savings account, including my account and routing numbers.
- 2) If my account is not current, I authorize the City of Fairbanks to use a one time ACH to bring my account current.
- 3) I have submitted this completed form to the address, email, or fax above before the first day of the month the statements are processed.
- 4) I understand payments will be paid out of my account on the last business day of the month payment is due and payments are subject to increases per Fairbanks General Code (FGC) Sec. 66-22.
- 5) I understand rejected or returned payment are subject to a \$50.00 fee.

\_\_\_\_\_  
**Account Holder Signature**

\_\_\_\_\_  
**Date**

**Department Use Only:**

Date Entered \_\_\_/\_\_\_/\_\_\_

E-Billing Setup \_\_\_

Balance \_\_\_

Staff Initials \_\_\_