

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



FINANCE DEPARTMENT
PHONE 907-459-6713
FAX 907-459-6722
accounting.fairbanks.ak.us

EFT – ACH VENDOR PAYMENT ENROLLMENT FORM

Please complete this form if you are interested in receiving your payments via ACH.

Company Name: _____
Contact Phone Number(s): _____
Email Address for Remittance Advice: _____

Bank / Credit Union / Financial Institution Information:

Financial Institution Name: _____
Routing Number: _____ Account Number: _____
Type of Account: Checking _____ or Savings _____

For verification purposes please indicate which information you have provided:

_____ Voided Check _____ Letter from Financial Institute

Please enroll our company to receive EFT/ACH payments from the City of Fairbanks.

Signature: _____
Printed Name: _____
Title: _____

Return completed form to:

Mail: City of Fairbanks – Finance Dept
800 Cushman St
Fairbanks, AK 99701-4615

Fax: 907-459-6722
Email: accounting@ci.fairbanks.ak.us

Finance Use Only
Date entered: _____
Vendor ID: _____
Initial: _____