

Automatic Quarterly Garbage Payments

Account Holder Information

Account Holder Name: _____
Phone Number: _____ Email: _____

This form can be used for multiple garbage accounts. List all accounts you wish to establish on auto pay.

Account Number: _____	Service Address: _____
Account Number: _____	Service Address: _____
Account Number: _____	Service Address: _____
Account Number: _____	Service Address: _____

Bank/Credit Union/Financial Institution Information:

Please attach a void check or letter from your financial institution with your name, account, and routing number. This form will not be accepted without that attachment.

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 payments are subject to a \$50.00 fee.

Account Holder Name

Date

