



# FAIRBANKS NORTH STAR BOROUGH

SOLID WASTE DIVISION

455 SANDURI STREET • FAIRBANKS, ALASKA 99701 • (907) 459-1482 FAX (907) 459-1017  
<http://fnsb.us/solidwaste>

## CREDIT CARD AUTHORIZATION

AUTHORIZATION TYPE:  NEW AUTHORIZATION  CHANGE AUTHORIZATION  CANCEL AUTHORIZATION

### CREDIT CARDHOLDER INFORMATION (please print)

NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> OTHER:
TYPE OF ACCOUNT	<input type="checkbox"/> PERSONAL		<input type="checkbox"/> BUSINESS		
COMPANY NAME					
ACCOUNT NUMBER				Security Code (3-digit):	
EXPIRATION DATE					
CARD BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE			FAX NUMBER		
EMAIL ADDRESS					

### PAYMENT OPTIONS

AUTOMATIC PAYMENT	<input type="checkbox"/> <b>MONTHLY AUTOMATIC PAYMENTS</b> (Amount Due)   <i>Not to Exceed (if required):</i> \$				
	<b>FNSB ACCOUNT NUMBER:</b>				
OR	BILLING START DATE: / /	BILLING END DATE: / /			
AUTHORIZED AMOUNT	<input type="checkbox"/> <b>ONE-TIME PAYMENT:</b> \$				
	DATE(S) OF SERVICE:				

### AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above.

- Automatic payment remains in effect with each policy renewal period until you request cancellation.
- Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATE(S) OF SERVICES" referenced above.
- If additional charges will be authorized, a new form will have to be completed.

CARDHOLDER NAME					
SIGNATURE				DATE	