



Authorization for Automatic Debit

Section 1: Contact Information

Name (First MI Last)	
Company Name (optional)	
Street Address	
Zip Code	
Contact Phone	
E-Mail Address	

Section 2: Property Information

Street Address	
Account Number	
PIN Number	

Section 3: Bank Account Information

Account Type:	Routing Number: _____
<input type="checkbox"/> Corporate Checking	Account Number: _____
<input type="checkbox"/> Personal Checking	
<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Voided check attached (encouraged but not required)

Section 4: Payment Options

How would you like to pay?

<input type="checkbox"/> Weekly	Indicate day of week: _____ (i.e. Monday)
<input type="checkbox"/> Monthly	Indicate day of month: _____ (i.e. 15 th)
<input type="checkbox"/> Quarterly	Indicate day of month: _____ (i.e. 1 st)
<input type="checkbox"/> Bi-Annually	Indicate month and day: _____ (i.e. June 20, Dec 4)
<input type="checkbox"/> Annually	Indicate month and day: _____ (i.e. June 20)

Amount per payment: \$ _____ Start Date: _____

End after _____ payments (# of payments)

Agreement and Signature

By submitting this application, I hereby authorize the City of Fairfax (and/or its designee) to debit my account, referenced in Section 3 for the amount and schedule indicated in Section 4 above as pre-payment for Real Estate Taxes.

Name (printed)	
Signature	
Date	

A new application will be required if changes are needed.