



UTILITY BOARD OF THE CITY OF KEY WEST, FLORIDA
MAIN OFFICE: Phone (305) 295-1000 ♦ Customer Service Fax (305) 295-1085
BIG PINE OFFICE: Phone (305) 515-0333 ♦ Customer Service Fax (305) 515-0301

REOCCURRING CREDIT CARD DEBIT AUTHORIZATION

NEW APPLICATION [] CHANGE IN APPLICATION []

Customer name (as it appears on KEYS' account): _____

Customer's address: _____

Telephone Numbers: Work _____ Home _____

Keys Energy Services Account(s) to be credited: _____

Credit Card Information

Credit Card Number: _____

Type of Credit Card: [] Visa [] Master Card [] Discover [] American Express

Expiration Date : ____/____/____
Month Year

Authorization Agreement for Reoccurring Credit Card Debit Program

I hereby authorize the Utility Board of the City of Key West, "Keys Energy Services," hereinafter called KEYS, to initiate Reoccurring Monthly Credit Card debit entries and to initiate, if necessary, electronic credit entries and adjustments for any reoccurring credit card entries in error to my account indicated above, and the credit card named above to electronically debit and/or electronically credit the same to such account.

I further agree that if any such Reoccurring Credit Card transaction be denied, whether with or without cause, KEYS shall be under no liability whatsoever, even though such denial results in the disconnection of electric service.

This authority is to remain in effect until revoked by me in writing, and until KEYS actually receives such notice, I agree that you shall be fully protected in drawing any such Reoccurring Credit Card debit or credit. KEYS reserves the right to cancel the Reoccurring Credit Card Debit program 30 days after notification.

I agree to provide Keys with a new authorization form prior to the expiration date as noted above if I am to continue to participate in the Reoccurring Credit Card Debit program. I also agree to the monthly convenience fee assessed when payment is processed.

KEYS' Account Holder Signature _____ Date: _____

Credit Card Account Holder Authorization Signature: _____ Date: _____
(IF DIFFERENT FROM KEYS' ACCOUNT HOLDER)

KEYS' Representative _____ Date: _____

Sworn and subscribed before me this _____ day of _____, _____.

Applicant is personally known _____ Applicant produced ID _____

Notary Public _____ State of _____ County of _____