

★ SPECIAL PROGRAMS ★



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 ELECTRONIC DEBIT AUTHORIZATION

NEW APPLICATION [checkbox]

CHANGE APPLICATION [checkbox]

Customer name (as it appears on KEYS account): \_\_\_\_\_

Customer's address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Work
\_\_\_\_\_ Home

Keys Energy Services Account(s) to be credited: \_\_\_\_\_

Financial Institution Information

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Financial Institution Federal Reserve Number: \_\_\_\_\_

Name on Financial Institution Account: \_\_\_\_\_

Financial Institution Account Number: \_\_\_\_\_

Authorization Agreement for Electronic Debit Program

I hereby authorize the Utility Board of the City of Key West, "Keys Energy Services," hereinafter called KEYS, to initiate electronic debit entries and to initiate, if necessary, electronic credit entries and adjustments for any electronic debit entries in error to my account indicated above, and the financial institution named above to electronically debit and/or electronically credit the same to such account. I agree to allow KEYS to electronically debit my account for my electric billing approximately 2 days prior to the due date. If a monthly billing is not received it is the customer of record's responsibility to contact KEYS to obtain the billing amount.

I further agree that if any such electronic transaction be returned, whether with or without cause, KEYS shall be under no liability whatsoever, even though such return 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 electronic debit or electronic credit. KEYS reserves the right to cancel the bank electronic debit program 30 days after notification. I understand that if any such electronic debit be returned by my financial institution, and any amount due KEYS is not paid in accordance with the terms of the Customer Service Policy Manual, electric service to my account may be subject to disconnection. Should any electronic debit be returned as uncollectible, I understand that my account will be removed from the electronic debit program. Any item returned to KEYS as uncollectible will be subject to a \$20.00 fee or 5% of the billing, whichever is greater. A 12 month history free of returned checks must be maintained before my account can be put back on an electronic debit status. I understand that my request for electronic debit will take effect immediately and I receive a bill stating "Bank Draft - Do Not Pay." Should any change in financial institution occur, I will notify KEYS within 30 days of the change. I understand that my account(s) will be removed from the electronic debit status at the time a disconnection request is made. Any remaining balance must be paid by check or cash. Should I wish to discontinue participation in the Electronic Debit Program, I will notify KEYS, in writing, 30 days prior to the actual termination date of the program.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

KEYS Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT NUMBER VERIFICATION