

**FLORIDA KEYS ELECTRIC COOPERATIVE ASSOCIATION, INC.
PAYMENT AUTHORIZATION FORM**

This Form is Intended for the One-Time Payment of your Deposit and/or Service Fees
Please fill out **either** the Checking Account Authorization **or** the Credit Card Authorization.

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CHECKING ACCOUNT PAYMENT AUTHORIZATION

BANK NAME: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

NAME ON ACCOUNT: _____

AUTHORIZED AMOUNT: _____

I hereby authorize FKEC to debit my bank account for the above listed amount.

Signature: _____

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CREDIT CARD PAYMENT AUTHORIZATION

CREDIT CARD TYPE: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

AMOUNT: _____

BILLING ADDRESS: _____

ZIP CODE: _____

VISA, MASTERCARD, and AMERICAN EXPRESS are accepted.
I hereby authorize FKEC to charge my credit card for the above listed amount.

Signature: _____

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PLEASE INCLUDE A PHONE NUMBER WHERE YOU CAN BE REACHED
IN CASE OF A PROBLEM WITH THE PAYMENT AUTHORIZATION.

PHONE NUMBER: _____