



FLORIDA KEYS ELECTRIC COOPERATIVE ASSOCIATION, INC.
 PO BOX 377 TAVERNIER, FL 33070
 (305) 852-2431 (800) 858-8845

MONTHLY CREDIT CARD PAYMENT AUTHORIZATION

I. NAME AS LISTED ON YOUR FKEC ACCOUNT: _____

HOME TELEPHONE NUMBER: _____

ALTERNATE TELEPHONE NUMBER: _____

II. AUTHORIZATION IS FOR:

ALL ACCOUNTS

ACCOUNT(S) LISTED BELOW:

III. CREDIT CARD HOLDER'S NAME: _____

CREDIT CARD BILLING ADDRESS:

STREET or PO BOX

SUITE or APT

CITY, STATE ZIP

TYPE OF CREDIT CARD: AMEX VISA MASTERCARD

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ / _____
MONTH YEAR

IV. DEBIT PAYMENTS

I hereby authorize Florida Keys Electric Cooperative Association, Inc., hereinafter called FKEC, to initiate monthly credit card debit entries for payment and to initiate, if necessary, electronic credit entries and adjustments for any monthly credit card entries in error to my account(s) listed above and the credit card listed above to electronically debit and/or electronically credit the same to such account(s). I agree to allow FKEC to electronically debit my credit card for payment for my electric billing approximately 15 days after read date. If a monthly billing is not received it is the customer's responsibility to contact FKEC to obtain the amount due.

I further agree that if any credit card payment is dishonored whether with or without cause, FKEC shall be under no liability whatsoever, even though such dishonor results in the discontinuation of electric service.

This Authorization Agreement is to remain in effect until revoked in writing and until FKEC actually receives such notice. I agree that you shall be fully protected in drawing any such monthly credit card debit or credit. FKEC reserves the right to cancel the monthly credit card payment program 30 days after notification. I understand that if any such monthly credit card payment does not clear, and any amounts due FKEC are not paid in accordance with the terms of the FKEC rules and regulations, electric services to my account(s) may be subject to disconnection. Should any month's credit card payment be declined, I understand that my account(s) may be removed from the monthly credit card payment program. Any credit card payment returned to FKEC as dishonored will be subject to a dishonored credit card charge. A 12-months history free of returned items must be maintained before any account can be reset on the monthly credit card debit status. I understand that my request for the monthly credit card payment will take effect immediately and I will receive a bill stating "CREDIT CARD DO NOT PAY." Shall any change in credit card occur, I will notify FKEC within 30 days of the change. I understand that my account(s) will be removed from the monthly credit card payment program at the time a disconnection request is made. Any Remaining balances must be paid by check or cash. Should I wish to discontinue participation in the monthly credit card payment program, I will notify FKEC in writing 30 days prior to the actual termination date of the program.

I agree to provide FKEC with a new authorization agreement prior to the expiration date, as noted above, if I am to continue to participate in the monthly credit card payment program.

CUSTOMER SIGNATURE: _____ DATE: _____