

FKAA Form #13 Revised 07/08

FLORIDA KEYS AQUEDUCT AUTHORITY P.O. Box 1239, 1100 Kennedy Drive Key West, Florida 33040 (305) 296-2454

F.K.A.A. BANK DRAFT AUTHORIZATION AGREEMENT

			Date.
	LIST FKAA L	OCATIONS ID NUMBE	ER TO BE DRAFTED
Applicants Full N	ame (As it appears on bill.)		
Phone	e Number - Area code first:		
	E-Mail Address:		
credit entries and ac	ljustments for any debit entries in	error to my (our) () Check	AAA, to initiate debit entries and to initiate, if necessary, king , () Savings , account (Select One) indicated above and/or credit the same to such account.
	if any such check be dishonore nor results in the disconnection		cause, you shall be under no liability whatsoever even
shall be fully prote Institution and any and Regulations, tl	ected in drawing any such deb v amount due FKAA is not paid i	it or credit. I understand the n accordance with the term count (s) may be subject to	intil you actually receive such notice, I agree that you nat if any such debit be dishonored by my Financial s of Returned Check/Bank Draft Charge of FKAA Rules o disconnection of water service, cancellation of Bank Rules and Regulations.
	PLEASE ATTACH A VOIDED	O CHECK FOR ACCOUNT NUM	MBER VERIFICATION
FKAA Account Hol	lder's Signature		Date:
	BANK INFO	RMATION (FOR OFFICE	E USE ONLY)
Danila Managa	Direction of	admirrory (1 off off fee	
Bank Name:			
Bank Address:	(Stree	.t)	
			(7:-)
Bank Phone:	(City)	(State) Fax:	(Zip)
Name on Bank Acc	ount:		
Bank Federal Reser	ve Number (Route):		
			-
Checking Account	Number:		
Savings Account N	umber:		
Danila A a a a a a a a a a a a a a a a a a a			D.A.:
	der's Signature:		Date:
Posted By:			Posted Date:

C/S Representative

Records Dept.

C/S Area Manager