



**DEPOSIT FORM**  
**UTILITY BOARD OF THE CITY OF KEY WEST, FLORIDA**

***DEPOSIT AGREEMENT***

Account No. \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_

Service in the Name of \_\_\_\_\_

Service Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned customer hereby grants the Utility Board of the City of Key West a security interest in the service deposit provided for under this agreement to secure payment and performance of all the debts and obligations arising from the provision of the Utility Board services to the customer in the ordinary course of business. The Utility Board will keep possession of the deposit and will refund the deposit only after all bills charged for services rendered have been paid by the customer. The customer's deposit will first be applied to any outstanding bills owed by the customer with the remaining balance, if any, being refunded to the customer.

The above customer and the Utility Board have duly entered in this agreement on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
KEYS Representative

***TRANSFER OF DEPOSIT***

Account No. \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Service in the Name of \_\_\_\_\_

Service Address \_\_\_\_\_

I hereby request to transfer my service deposit with the Utility Board to \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

***ACCEPTANCE OF DEPOSIT***

I \_\_\_\_\_ as the new customer of record for Deposit No. \_\_\_\_\_

in the amount of \$ \_\_\_\_\_ agree to pay the final billing on Account No. \_\_\_\_\_

I further understand that the final balance owed on this account will be transferred to my new account as soon as it is known.

New Account No. \_\_\_\_\_ Service Address \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

***Notary required if not completed at KEYS Offices:***

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Applicant is personally known \_\_\_\_\_

Applicant produced ID \_\_\_\_\_

Notary Public \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

DEPOSIT VALIDATION