



**Caribbean Utilities Company, Ltd.**  
 Customer Service Department  
 P.O. Box 38, Grand Cayman KY1-1101  
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# One-Time Credit and Debit Card Authorization Form

## Transaction Type

Final Bill Payment       Security Deposit

### How it works:

1. Complete this Credit and Debit Card Authorization Form and provide it to CUC along with a photo ID.
2. The submitted form will be processed for the indicated purpose/amount and confirmation sent by email

Name as it Appears on the Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home/Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Privacy Notice:

*Personal information collected by CUC is accessible only by authorized personnel and is used for connection of electricity services, notifications relating to your electricity account(s) and distribution and collection of other relevant information affecting service(s). For further details please review our full Privacy Notice which can be accessed at any time via our website at [www.cuc-cayman.com](http://www.cuc-cayman.com). CUC will contact customers to notify of imminent disconnection and outages. Information is also shared with third parties in relation to the collection of funds, both for current and overdue balances. It is the customer's responsibility to notify CUC if contact details have changed.*

## Declaration and Signatures:

I confirm that I wish to utilize the below listed credit/debit card to pay my final electricity bill[s] and/or security deposit as a one-time transaction. This form gives CUC the authority to charge my credit/debit card for the total amount of my final bill[s] and/or security deposit with respect to the electricity account number below.

CUC Account No.: \_\_\_\_\_ Name of Account Holder(s): \_\_\_\_\_

Credit or Debit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Visa     MasterCard     Discover       US\$     CI\$

I authorize CUC to charge the credit/debit card indicated in this authorization form according to the terms outlined above. I understand that this authorization relates to a one time transaction only. I certify that I am an authorized signatory for this credit/debit card and that I will not dispute the payment with my credit/debit Card Company or bank; provided the transactions correspond to the terms indicated in the authorization form.

Signature[s] of card holder(s): \_\_\_\_\_

Print Name[s]: \_\_\_\_\_

Date: \_\_\_\_\_