



## AUTHORIZATION OF AUTOMATIC PAYMENT FOR FEES

I authorize Jacksonville Aviation Authority, to charge my accounts listed below in the order of priority that I have indicated for fees. I acknowledge that these transactions must comply with the provisions of U.S. law. Any changes to the information provided by the customer on this form must be submitted on a new authorization form. This authorization will remain in effect until I provide Jacksonville Aviation Authority with a written notice of revocation.

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

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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### ***Option 1: ACH Payment***

Routing# \_\_\_\_\_ Account # \_\_\_\_\_

Signature: \_\_\_\_\_

Invoice number and/or description must be included in ACH/Wire Remittance.

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### ***Option 2: Credit Card Payment***

Card Type \_\_\_\_\_ Last Four Digits of Card\* \_\_\_\_\_ Exp Date \_\_\_\_\_

*\*For security reasons JAA requires only the last four digits of the credit card. Please do not include the entire number string.*

**RETURN COMPLETED FORM TO JAA FINANCE**