



City of Bellevue Credit Card Authorization Form

Cardholder Name: _____

Organization Name (if applicable): _____

Billing Address: _____

City: _____ State: WA Zip: _____

Mailing Address (if different): _____

City: _____ State: WA Zip: _____

Cardholder Phone Number: _____

VISA or MasterCard Account Number: _____ Exp. Date: _____

Amt Approved: \$ _____ (Not to exceed \$ _____ without written authorization.)

Rental Facilities for which this account number can be on file (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> All Listed Facilities | <input type="checkbox"/> Athletic Fields | <input type="checkbox"/> Botanical Garden |
| <input type="checkbox"/> Bellevue Youth Theatre | <input type="checkbox"/> Crossroads Comm. Center | <input type="checkbox"/> Highland Comm. Center |
| <input type="checkbox"/> Kelsey Creek Park | <input type="checkbox"/> Lewis Creek Visitor Center | <input type="checkbox"/> MSEEC Community Room |
| <input type="checkbox"/> Northwest Arts Center | <input type="checkbox"/> Outdoor Park Sites | <input type="checkbox"/> South Bellevue Comm. Center |
| <input type="checkbox"/> Tyee Community Gym | <input type="checkbox"/> Winters House | <input type="checkbox"/> Other: _____ |

Is this authorization for a Single Rental or On-Going Use?

If Single Rental only this form will be kept on file in a secure location and all but the last 4-digits of the card number will be redacted after the final charge is processed.

If On-Going Use do you authorize the City of Bellevue to keep this form on file in a secured location to process rental payments on a regular schedule? Yes No

If Yes, you will be contacted to discuss the options (including frequency, amount, and opting out).

Does anyone else in your organization or family have authority to request that payments be made to this charge account? Yes No

If Yes, please provide their contact information and the maximum amount authorized for transactions requested by them without your written approval.

<u>Name</u>	<u>Phone Number</u>	<u>Amount Approved</u>
_____	_____	\$ _____
_____	_____	\$ _____

I understand that it is my responsibility to update this information as this authorization status or credit card expiration date changes occur. This authorization is effective on the date accepted and approved by the City of Bellevue and will remain in effect until rescinded by me or the City of Bellevue.

Printed Name _____ Date _____

Cardholder Signature _____ Daytime Phone Number _____

City of Bellevue Use Only:

Accepted: _____
Signature Date Client Barcode