**CREDIT CARD AUTHORIZATION FORM**

**[parks.bellevuewa.gov/rentals/](https://parks.bellevuewa.gov/rentals/)**



**Cardholder Name:**

**Organization Name (if applicable):**

**Cardholder Phone Number:**

**Cardholder Email:**

**Billing Address:**

**City:**       **State:**    **Zip:**

**Mailing Address (if different):**

**City:**       **State:**    **Zip:**

**VISA or MasterCard Number:**                    \_\_\_\_\_\_\_\_\_\_\_ **Exp. Date:**      \_\_\_\_ **CVV #:** \_\_     \_\_\_

**Amt Approved:** **$**       **(Not to Exceed $**       **without written authorization.)**

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

All Listed Facilities  Athletic Fields  Bellevue Botanical Garden

Bellevue Youth Theatre  Crossroads Community Center  Highland Community Center

Lewis Creek Visitor Center  MSEEC Community Room  North Bellevue Community Center

Northwest Arts Center  South Bellevue Community Center  Tyee Community Gym

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 reservation date has passed.

If On-Going Use, is the City of Bellevue authorized 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 credit card?**  Yes  No

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

Name Phone Number Amount Approved

            $

            $

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authorization is effective on the date accepted and approved by the City of Bellevue and will remain in effect until rescinded by me or the City of Bellevue.**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