



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: _____

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"/> Bellevue Botanical Garden |
| <input type="checkbox"/> Bellevue Youth Theatre | <input type="checkbox"/> Crossroads Community Center | <input type="checkbox"/> Highland Community Center |
| <input type="checkbox"/> Lewis Creek Visitor Center | <input type="checkbox"/> MSEEC Community Room | <input type="checkbox"/> North Bellevue Community Center |
| <input type="checkbox"/> Northwest Arts Center | <input type="checkbox"/> South Bellevue Community Center | <input type="checkbox"/> Tye Community Gym |
| <input checked="" type="checkbox"/> Other: <u>Kelsey Creek Farm</u> | | |

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.

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

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authorization is effective on the date accepted and approved by the City of Bellevue and will remain in effect until rescinded by me or the City of Bellevue.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 _____