



Cardholder Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

Cardholder Email: \_\_\_\_\_

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

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):**

- |  |  |  |
|--|--|--|
| <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"/> Kelsey Creek Farm               | <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"/> Parks Scheduling Office   |
| <input type="checkbox"/> South Bellevue Community Center | <input type="checkbox"/> Tyee Community Gym          | <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 reservation date has passed.

If On-Going Use, is the City of Bellevue authorized to keep this form on file in a secured location and / or the credit card number on CivicRec 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 \_\_\_\_\_

STAFF INITIALS & DATE: \_\_\_\_\_