



# PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT CREDIT CARD AUTHORIZATION FORM

Name must match on Facility Reservation Application and Credit Card Authorization Form

Name (as it appears on card)

Type:  Visa  MasterCard  Discover  American Ex.

Card Number

□□□□-□□□□-□□□□-□□□□

Driver's License Number and Expiration Date

Expiration Date □□/□□ compare exp. date with rental date

Email Address

Phone number □□□-□□□-□□□□

Address (street number and name)

Total Amount of Security Deposit \$ □□□□.□□

City, State and Zip Code

CVC # □□□

Please read and sign below

I, \_\_\_\_\_, understand that I am allowing a security deposit hold on my credit/debit card for a security deposit in the amount of \$\_\_\_\_\_ in order to reserve a City facility, **(name of facility & date of rental)** \_\_\_\_\_. This security deposit hold is due at the time the Facility Reservation Application is submitted. I understand the City of Riverside Parks, Recreation and Community Services Department reserves the right to place an authorized hold on my credit/debit card in order to cover the security deposit amount. I agree to forfeit all or a portion of my security deposit amount in the event of damage to the City facility or additional costs incurred during the time of my rental, **per Section 3 of the Rules and Regulations.**

Additionally, this Credit Card Authorization Form will be used if a rental cancellation is requested and if fees need to be applied. **Fees are according to the signed Facility Reservation Application / Part 2 Section 2.**

Should no additional charges to the City be incurred, the Credit Card Authorization Form shall be destroyed and the hold on the credit/debit card will be released by the City of Riverside Parks, Recreation and Community Services Department. In the event the damages exceed the security deposit amount or the credit/debit card has insufficient funds, I understand I am responsible for all costs associated with fees from the Collections Division.

Signature of Cardholder

Date

### Staff Use Only

Permit Number

Staff please initial, to the right, that you verified Credit Card and Driver's License information.

Driver's License

Credit Card

□  
□

Date Taken

Location Taken

Event Location

Staff Name (print)