



# PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT 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 # (PRCSD staff will contact cardholder if needed)

### 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 that the Facility Rental Application is submitted. I understand that 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. I agree to forfeit all or a portion of my security deposit in the event of damage to the City facility or additional cost incurred during the time of my rental, **per Section 3** of the signed **Facility Contract/Agreement**.

Additionally, this Credit Card Authorization Form will be used if a rental cancellation is requested less than 180 calendar days prior to the rental date. All fees according to the signed **Facility Contract/Agreement per Section 8** will be applied towards this credit/debit card.

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 such collection of fees from the Collections Division.

Signature of Cardholder

Date

### Staff Use Only

Permit Number

Receipt Number

CA D.L.

□  
□

Exp. Date

Date

Location Taken

Staff Name (Print)

Staff Initials