Credit Card Authorization Form

Please Sign and complete this form to authorize the **City of Rosemead** to make a one-time charge to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

CARD HOLDER INFORMATION		
Name on Credit Card:		
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

PAYMENT AUTHORIZATION

Card Type: ☐ Visa ☐ MasterCard

Card Number: xxxx-xxxx-xxxx-_____ (Last 4 Digits) Exp. Date: _____

Card Identification Number (CVV2 Code): _____

(Visa & MasterCard: 3 digits on back)

Date of Event/Activity/Program: _____ Location: _____

I, _____ authorize the City of Rosemead to process a charge against my
Name

credit card account in the amount of $ _____ for the payment of:

Event/Activity/Program Name:_____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature:_____ Date:_____

Return form to:

City of Rosemead – Parks and Recreation Department
3936 N. Muscatel Ave.
Rosemead CA 91770
Phone: (626) 569-2160

OR **Email:** jpineda@cityofrosemead.org