



## Credit/ Debit Card Authorization

Card Type (Please check)

VISA

MASTERCARD

DEBIT CARD

AMERICAN EXPRESS

Credit Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (3 Digit Code on back of card) \_\_\_\_\_

Organization: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing the credit card information above, you are authorizing Douglas County School District to charge the credit card on file on your invoiced due date for any fees associated with your account.

**Please contact the Office of Facility Rentals if you want to terminate this authorization.**