

Credit/Debit Card Billing Authorization Form

Credit/Debit Card Billing Information	
Card/Debit Card Holder Name (as it appears on card):	
Credit Card Type:	_____ Visa _____ MasterCard _____ American Express _____ Discover
Card/Debit Card Number:	
CVC (3 digit number on back):	
Expiration Date:	
Billing Address:	
City:	
State:	
Zip Code:	
Please provide two contact phone numbers:	1. 2.
Email address:	
Authorized Signature:	
Date:	
<i>A legible copy of both sides of the credit/debit card must be submitted with this credit card authorization form in order to secure the rental reservation entered on Use Agreement.</i>	

Statement of Cardholder: *Please review the conditions below and initial to acknowledge your understanding and acceptance of the statements below.*

_____ I agree all information provided above is accurate and complete.

_____ I acknowledge and accept that my rental reservation may be immediately terminated at the discretion of ECAC/SRC if any charges are declined or charge backs are claimed against any outstanding funds due. Disputes for any amounts charged should be immediately reported to ramirk@shands.ufl.edu.

_____ Eldercare of Alachua County/Senior Recreation Center (ECAC/SRC)is authorized to charge the amounts listed in (section 2. Payment Schedule) Use Agreement.

_____ I will report changes in status of this credit/debit card to ramirk@shands.ufl.edu.

For ECAC/SRC Use Only	Rental Date:		
Initial Deposit Amount:		Final Payment Amount:	
Date Processed:		Date Processed:	
Processed by:		Processed by:	

ElderCare of Alachua County/Senior Recreation Center
 5701 NW 34th Blvd, Gainesville, FL 32653
 Phone: 352.265.9040 Fax: 352.265.9041