



CITY OF COVINGTON

CREDIT CARD AUTHORIZATION FORM FOR COMMUNITY ROOM RENTALS

Date _____

Name on Card _____

Account Ending in (last 4 digits) _____

Credit Card Type: VISA
 MasterCard
 Discover
 American Express

I, _____, hereby authorize the City of Covington
to charge my credit card listed above for:

Room Rental Fees in the amount of \$ _____
 Room Rental Deposit in the amount of \$ _____

Total Charge to Credit Card \$ _____

Rental Date(s) _____

Signature: _____

Please complete this authorization and return it by mail or by fax at 253-480-2401.