



Developer Fee Program Office

Credit / Debit Card Authorization and Policy Acknowledgment

Credit Card Information

Cardholder Name _____
Phone Number _____
Billing Address _____
Billing City and State _____
Billing Zip Code _____
Card Type _____

Card Number (LAST FOUR DIGITS ONLY)

Project Information

Property Address _____
Square Footage _____

Project Type ☐ Residential ☐ Commercial ☐ Self-Storage ☐ Parking

Square footage must match the square footage(s) listed on the Certification of Payment form.

Fee Assessment

School Impact Fee _____
Processing Fee (3%)* _____
Total Charge Amount _____

* A non-refundable 3% processing fee will be applied to each card transaction.

Acknowledgment and Acceptance

- ☐ I acknowledge that I am the legal account holder and card user.
- ☐ I authorize the District to make a one-time charge to my account for the above described fees.
- ☐ I acknowledge that additional fees or penalties may occur and I will be held responsible for the misuse of this card.
- ☐ I will provide an alternative form of payment in the event of card rejection or returned payment.

Card Holder's Name (Print)

Card Holder's Signature

Date

FOR OFFICE USE ONLY

LAUSD Agent _____
LAUSD Signature _____
Date _____
Reference Code _____

CLEAR FORM