



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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Project Information	
Property Address	_____
Square Footage	_____
Project Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Self-Storage <input type="checkbox"/> Parking
<i>Square footage must match the square footage(s) listed on the Certification of Payment form.</i>	

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