



Vendor EFT Enrollment

Good News!

The City of Victorville is now offering our vendors the option of receiving their invoice payments from the City by Electronic Funds Transfer (EFT).

This payment option will deposit our payment of your invoice directly to your bank account within 2-3 banking days from the time we transmit the payment.

If you would like to begin receiving your invoice payments from the City of Victorville via EFT, please complete and return the attached EFT Enrollment/Authorization Form.

Your first payment after initiating EFT will be made to you by check, and a pre-note (test payment) will be submitted through the banking system. If the pre-note is successful, you will receive all future invoice payments via EFT.

EFT payments will be scheduled according to invoice terms, and will normally be processed on Wednesdays, our regular check run day. The check run day may fluctuate due to holiday schedules. EFT payments will be transmitted to your bank the same day as the check run. We will email you an EFT Advice once your payment has been transmitted.

If you have any questions, please feel free to contact Debbie Justman in Accounts Payable: by email at accountspayable@ci.victorville.ca.us or by phone at (760) 955-5064.



EFT Enrollment/Authorization Form

Please complete this form if your company wishes to receive future invoice payments from the City of Victorville via Electronic Funds Transfer (EFT). Please return the completed form to:

City of Victorville, Finance-Accounts Payable, P.O. Box 5001, Victorville, CA 92393-5001

Or: Email: accountspayable@ci.victorville.ca.us

Fax: (760) 269-0052

Company Name: _____

DBA: _____

Company Address: _____

City, State, Zip: _____

Fax Number: _____ Email for EFT advice: _____

Contact Name and Phone Number: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: Checking _____ Savings _____

_____, shall hold harmless and indemnify the City of Victorville,
(Vendor/Company Name)

hereinafter referred to as "City", and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the City and its officers and employees, brought by any person, including any financial institution(s), against the City in its capacity as an client concerning remit payments provided by the City.

I hereby authorize the City to initiate credit entries to my account(s) as indicated above. I also authorize the financial institution(s) identified above to credit the same to such account. Electronic fund transfer takes effect after registration/sign-up and after a successful pre-note test has occurred through the banking system. The request completed above is for the electronic fund transfer until rescinded in writing.

Authorized Signature

Date: _____

Printed Name and Title