



## Automatic Payment via Electronic Funds Transfer (EFT) Authorization Form

To enroll in automatic payment and have funds automatically withdrawn from your checking or savings account for payment of your invoices from City of Victorville, please fill out this form. Your completed and signed form may be returned to the address listed below or in person at City Hall.

City of Victorville, General Billing, P.O. Box 5001, Victorville, CA 92939-5001  
Or Email to: [wmchenry@ci.victorville.ca.us](mailto:wmchenry@ci.victorville.ca.us) or Fax to: 760-269-0053

Customer Name \_\_\_\_\_  
(your name as appears on your bank account)

Service Address: \_\_\_\_\_

Customer #: \_\_\_\_\_  
(if you have more than one account to be paid via EFT, please list them on the back of this form including Customer Number)

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Bank Routing Number: \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
(please call your bank and ask for your EFT routing number as it may be different than the routing number on your check)

Type of Account:      Checking \_\_\_\_\_      Savings \_\_\_\_\_

\_\_\_\_\_, shall hold harmless and indemnify the City of Victorville, hereinafter  
(Customer Name)

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 drafter of monthly City of Victorville bills via Electronic Funds Transfer (EFT) from my bank account described above.

I hereby authorize the City to initiate the EFT from my checking/savings account as indicated above. I also authorize my financial institution to debit my account for the total requested by the City. I further authorize the City to credit my City account as indicated above with the funds from the EFT. Electronic funds transfer takes effect after registration/sign-up and will occur on the due date stated on my monthly bill from City of Victorville. To rescind the EFT from my banking account, I understand that notice must be given to the City at least thirty (30) days prior to my next scheduled EFT withdrawal. I have read and agree to the Terms and Conditions.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**CITY OF VICTORVILLE**  
**Automatic Payment via Electronic Funds Transfer (EFT)**  
**Terms and Conditions**

**Customer Requirements:**

Specifically, by participating in automatic withdrawals or EFT payments for your City invoices, you have agreed that:

You are subject to these terms and conditions until such time you discontinue your EFT payments. By completing and signing the enrollment form, you are confirming that you accept these Terms and Conditions including any future modifications thereof.

**Contact Information:**

It is your responsibility to ensure that the City has all the current information should you make any changes to your bank account including, but not limited to, changing banks, changing account numbers, any personal information such as a name change on your bank account, address, phone numbers, and email address.

In order to participate in EFT payment service from your bank account, you must have a current/valid U.S. bank account at a financial institution where the payment will be withdrawn.

**Your Commitment To Us:**

It is your responsibility to ensure there are sufficient funds available in your checking or savings account to meet each withdrawal on your due date. If there are insufficient funds in your account, your financial institution and City of Victorville may charge you a fee and/or interest. You are solely responsible for paying any fee and/or interest charged by your financial institution and/or City of Victorville. Check your account statement to verify that the amounts debited from your account are correct.

Advise us if the payment account is transferred or closed, or if the account details change no later than thirty (30) business days before your next due date.

Arrange an alternate payment method if you cancel the scheduled withdrawal.

**Payment Obligations:**

On your due date, we will deduct your outstanding balance owed from the payment account you designate. Your billing statement will indicate that it is being paid through EFT when this service is activated. In the event that City of Victorville makes a billing adjustment to the account, the adjustment may not reflect in your balance until the next billing cycle.

**City of Victorville**

## EFT Payment Terms and Conditions

Page Two

If two requests are returned for insufficient funds, you may be excluded from using EFT for up to twelve (12) months to make payment via EFT. After that time, you may apply again for automatic withdrawals from your banking account via EFT payment. If you need to update your checking or savings account information, you can do so on our website, or by calling/emailing our general billing department at 760-955-2175, [wmchenry@ci.victorville.ca.us](mailto:wmchenry@ci.victorville.ca.us), respectively.

However, to the extent this information requires updating, and such updates are not made prior to the applicable payment deadline (as discussed in detail above), all applicable additional charges, including, but not limited to, late fees and/or interest, may be assessed. If the transaction is refused by your financial institution for any reason, including, but not limited to, insufficient funds, closed account, or unauthorized account, City of Victorville will not be able to process your payment. Your City of Victorville account may be subject to additional charges if your payment is rejected, reversed, or refused by your financial institution.

To cancel an EFT withdrawal, you will need to notify City of Victorville General Billing at least thirty (30) business days prior to your next due date before the transaction is scheduled to occur.

**Termination:**

Participation in City of Victorville automatic debits via EFT payment is completely optional. We reserve the right to discontinue accepting EFT payments at any time, for any reason without prior notice. We may send notification of termination of EFT payment anytime after the termination is effective. We also may temporarily discontinue accepting EFT payments, within our sole discretion. Termination does not affect your rights and obligations for EFT payments prior to termination.

These Terms and Conditions do not supersede, modify or in any way mitigate your obligation to be bound by and comply with the City of Victorville Terms and Conditions.

**Other Terms and Conditions:**

City of Victorville has no responsibility for any failure or error in an EFT payment, including without limitation, any interruption, omission, mistake, malfunction or delay related there.

City of Victorville reserves the right to change any terms and conditions of the EFT payment service. You may review the most current version of the applicable terms and conditions at any time by visiting our website. Updates and changes to the terms and conditions of the EFT payment service will be effective when posted on this site. Your continued use of this site or any services provided hereunder after any changes in such terms and conditions shall constitute your consent to such changes. City of Victorville reserves the right to change, modify or discontinue, temporarily or permanently, the site or any portion thereof, without notice. You agree that City of Victorville shall not be liable to you or to any third party for any modification, suspension or discontinuance of the EFT payment service.

CITY OF VICTORVILLE SHALL NOT BE LIABLE FOR ANY SPECIAL, INCIDENTAL, INDIRECT, PUNITIVE OR CONSEQUENTIAL DAMAGES OR FOR THE LOSS OF PROFIT, REVENUE OR DATA WHICH ARISE FROM OR IS RELATED TO THE USE OF THE AUTOMATIC WITHDRAWAL VIA ELECTRONIC FUNDS TRANSFER PROVIDED TO YOU THEREUNDER. IN ADDITION, YOU AGREE TO INDEMNIFY AND HOLD CITY OF VICTORVILLE HARMLESS FROM ANY ACTIONS, CLAIMS, DAMAGES, LIABILITIES OR LOSSES ARISING FROM OR RELATED TO THE USE OF THE EFT PAYMENT SERVICE.

I HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND AGREE TO BE BOUND BY ALL ITS TERMS AND CONDITIONS.