



## Vendor 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: [accounts payable@ci.victorville.ca.us](mailto:accounts payable@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 The request completed above is for the electronic fund transfer until rescinded in writing.*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