



CITY OF VICTORVILLE
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 completed form:

Mail to: **City of Victorville**
Finance Department - Accounts Payable
P.O. Box 5001
Victorville, Ca 92392-5001

Email to:
accountspayable@victorvilleca.gov

Fax to:
(760) 269 – 0052

COMPANY INFORMATION

Legal Name: _____
DBA: _____
Address: _____
Fax Number: _____
Email for EFT Advice: _____
Contact Person Name: _____ Telephone: _____
Financial Institution: _____
Routing Number: _____
Account Number: _____
Account Type: Checking Savings

AUTHORIZATION

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 The request completed above is for the electronic fund transfer until rescinded in writing.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

Printed Name and Title

Date