



**ELECTRONIC FUNDS TRANSFER (EFT)
ENROLLMENT FORM**

Staff Use Only: CSR Please Initial
____ Voided Check
____ 1st & Last Month
____ Payments Scheduled

Date Filed: _____

In an effort to make payments more convenient, the Rio Vista Recreation Center offers an Electronic Funds Transfer option. To enroll, please provide the requested information below. Each month the City of Peoria will deduct your annual monthly installment.

First Name: _____ **Last:** _____ **Email:** _____

Primary Phone #: _____ **Address:** _____

Yearly Pass Type: City of Peoria Resident Non-Resident
 Youth Young Adult Adult Senior 2 -Person Family

Monthly Withdrawal Amount: \$ _____ **Date of First EFT Withdrawal:** _____

Initial Below in Acknowledgement:

_____ I understand that a charge of \$ _____ will be taken out of my checking account on the 5th of each month, for 10 months, according to this contract.

_____ **I understand that this is a 12-month commitment to the Rio Vista Recreation Center and annual monthly passes cannot be adjusted or cancelled.**

_____ I understand **two month's payments are due at the time of registration** and 10 monthly payments will be scheduled for the remainder of this contract.

_____ I understand if my Bank Account declines the contracted monthly withdrawal amount, I will be subject to a Non-Sufficient Funds fee of \$30.00 payable to the City of Peoria. I am aware that NSF fees will be added to my City of Peoria account and all fees are due before any further activity with the City of Peoria may continue.

_____ I understand the City of Peoria is not responsible for any overdraft fees associated from my Bank, should a payment be declined.

The City of Peoria's Rio Vista Recreation Center is hereby authorized and requested, until otherwise instructed in writing, with 30 days advance notice, to charge the below referenced account, the annual monthly installment fee. I understand that if a transaction is declined, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transaction is declined and payment is not made by the due date, the pass will be suspended but the annual monthly installments and NSF fees will still accrue. I understand that I am responsible for any outstanding balances as a result of a declined transaction. Pass purchases are final sales and are non-refundable. I further understand that the staff reserves the right to cancel my "Electronic Funds Transfer."

Signature: _____ **Date:** _____

***Staff Signature:** _____ **Date:** _____

PLEASE PLACE VOIDED CHECK HERE