Staff Use Only: CSR Please Intial
_____ Voided Check
_____ 1st & Last Month
_____ Payments Scheduled
_____ CSR Validated
Date Filed: _____

ELECTRONIC FUNDS TRANSFER (EFT)
ENROLLMENT FORM

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*: _____ Address: _____**

***Primary Phone #:* _____ *Secondary #:* _____**

Yearly Pass Type: ☐ City of Peoria Resident ☐ Non-Resident

☐ Youth ☐ Young Adult ☐ Adult ☐ Senior ☐ 2 –Person ☐ Family

Monthly Withdrawal Amount: $_____ Date of First Charge: _____

Initial Below in Acknowledgement:

_____ I understand that a charge of $_____ will be taken out of my checking account on the 1st Friday 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. **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 I request a cancellation of my pass I will be charged the following:

- A suspension/cancellation request must be submitted 1 week before the requested dates
- The difference of a regular monthly fee vs. the discounted fee on an annual pass. (ie. $60-$42.50=$17.50 x # of months my pass has been in effect)
- Forfeit last month's fee collected at the time of registration.

_____ 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