



# CITY OF NORCO FIRE DEPARTMENT VOLUNTARY EMERGENCY MEDICAL SERVICES (VEMS) SUBSCRIPTION PROGRAM

The City of Norco Fire Department provides emergency medical services to all residents, businesses and visitors, operating with modern equipment and trained professional personnel. To fund emergency medical services, the City Fire Department charges an Emergency Medical Services (EMS) response fee of \$350 per incident. However, residents and businesses can avoid these fees by continuing to participate in the Voluntary Emergency Medical Services (VEMS) Subscription Program through the monthly water bill. The VEMS charge on the water bill continues to be \$4 per month.

Residents and businesses that participate in the VEMS Subscription Program will not be charged or billed the EMS response fee of \$350 should emergency medical services be needed. Low-income residents, as defined by U.S. Department of Housing and Urban Development (HUD) guidelines, are exempt from the EMS response fee of \$350 and do not need to subscribe to the VEMS Program.

In summary:

- **Residents and businesses participating in the Voluntary Emergency Medical Services (VEMS) Subscription Program by paying \$4 each month on the water/utility bill will NOT be charged for emergency medical services provided by the City of Norco Fire Department. (To continue your subscription to the VEMS Program, no action is required.) *THE VEMS PROGRAM DOES NOT COVER AMBULANCE FEES.***
- **Residents and businesses that decline to participate in the VEMS Subscription Program will be charged a fee of \$350 for each incident of emergency medical services provided by the City of Norco Fire Department. (To opt out of the VEMS Program, the “Decline to Participate” form below must be submitted to City Hall.)**
- **Low-income residents as defined by HUD guidelines, are exempt from the EMS response fee of \$350, and may opt out of the VEMS fee by submitting the decline form below.**

The VEMS Subscription Program is open to residents of the City of Norco, and to businesses located in the City of Norco. A subscription to the VEMS Program covers **all** residents of a subscriber’s household, and also covers visitors of the subscribing household, regardless of the location where the City of Norco Fire Department provides the services. Likewise, a business subscription covers the employees and customers of the business for emergency medical services provided by the City of Norco Fire Department.

Residents or business operators who do not wish to participate in the VEMS Subscription Program can voluntarily decline to participate at any time by signing the “Decline to Participate” form below. Any customer who does not wish to participate may also obtain a “Decline to Participate” form by contacting the Utility Billing Office in City Hall, (951) 270-5654, 2870 Clark Avenue, Norco, CA 92860.

## VEMS SUBSCRIPTION PROGRAM DECLINE TO PARTICIPATE FORM



I hereby decline to participate in the City of Norco Fire Department Voluntary Emergency Medical Services (VEMS) Subscription Program. By declining to pay the \$4 per month subscription fee, I understand that I will be charged an Emergency Medical Services fee of \$350 in the event that emergency medical services are provided to me.

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Signature \_\_\_\_\_

Valid 9-1-19 to 8-31-20

City of Norco  
Direct Payment Authorization Form

We are pleased to offer you a new service—the *Direct Payment Plan*. Now you can have your utility payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

*The Direct Payment Plan will help you in several ways:*

- It save times – fewer checks to write
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- No lost or misplaced statements, your payment is always on time – it helps maintain good credit
- It saves postage
- It's easy to sign up for, easy to cancel
- No late charges

*Here's how the Direct Payment Plan works:*

You authorize regularly scheduled payments to be made from your checking or savings account to pay your monthly utility bill. Then, just sit back and relax. The amount of your payment will vary depending on water use or changes in services.

Your payments will be made automatically before the due date. We will continue to submit to you your monthly utility bill reflecting the direct payment being made. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

*All you need to do is:*

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your account number and routing number.

**NOTE: Be sure to sign the form!**

**AUTHORIZATION FOR DIRECT PAYMENT - PLEASE ALLOW 30 DAYS FOR IMPLEMENTATION**

I authorize the City of Norco to initiate electronic debit entries to my:

Checking account or  Savings account

for payment of my monthly utility bill. I understand I will receive a notice only if the amount is more than \$\_\_\_\_\_ (insert dollar amount) OR outside the range of \$\_\_\_\_\_ to \$\_\_\_\_\_ (insert range). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing

Staple Voided Check Here

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_ Utility Account # \_\_\_\_\_

Financial Institution Name (Please Print) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Printed name \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS  
YOU WILL CONTINUE TO RECEIVE MONTHLY STATEMENTS**