

COUNTY OF ONONDAGA



**DEPARTMENT OF FINANCE**

*John H. Mulroy Civic Center, 14th Floor  
421 Montgomery Street  
Syracuse, New York 13202-2998  
(315) 435-3346 Fax (315) 435-3439  
www.ongov.net*

J.RYAN MCMAHON  
*County Executive*

STEVEN P. MORGAN  
*Chief Fiscal Officer*

TARA VENDITTI  
*Deputy Director  
Management & Budget*

**MEMO TO ONONDAGA COUNTY VENDORS**

**DATE: August 25, 2020**

**RE: ACH Payments to Vendors**

Onondaga County is now offering to its vendors electronic payments via ACH. We have attached a form authorizing the County to deposit funds into the vendor's designated bank account. After authorization is given, the County will prenote the account to ensure the bank information is correct. Payment will then be made via ACH after that verification. This could take up to three to four weeks to complete. It is very important to complete the authorization as neatly as possible to avoid any mistakes.

Also, please include an appropriate email as noted on the authorization form. This email will be used to send a remittance advice to you when a payment is made and if possible include an address that is general to your company so that any staff members will have access to this remittance advice. This advice will include the details of the invoice paid.

**Please note that there is no change in invoice processing. Please do not send invoices to the mailbox or individual noted below.**

If you would like to receive payment via ACH, please send the completed authorization form to **vendorach@ongov.net**. They can also be mailed to:

Onondaga County  
14<sup>th</sup> Floor  
Attn: Margaret Doherty-Finance  
421 Montgomery St.  
Syracuse, NY 13202

Thank you

# Onondaga County

## Vendor ACH/Direct Deposit Authorization Form

### 1. Please Check One:

NEW Direct Deposit     
  CHANGE Direct Deposit     
  CANCEL Direct Deposit

### 2. Vendor/Payee Information

**Name:**

**Address:**

**Contact Person's Name (if other than payee):**

**Telephone Number:**

**Email Address:**

### 3. Financial Institution Information

**Bank Name:**

**Bank Address:**

**Name on Bank Account:**

**Bank Account Number:**

**Nine-Digit Bank Routing/Transit Number (ABA):**

**Type of Account:**     
  Checking     
  Savings

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize Onondaga County to electronically deposit payments to the bank account designated above. It is my responsibility to notify Onondaga County immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Onondaga County in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Onondaga County has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than two (2) to three (3) weeks.

Print Name: \_\_\_\_\_     
 Signature: \_\_\_\_\_     
 Date: \_\_\_\_\_

### Important Information

Please return completed form via email: [vendorach@ongov.net](mailto:vendorach@ongov.net)

For Office of Accounts Payable Use Only	Date Stamp - Received
County Reviewed and  Approved: Date:	