



Steven M. Neuhaus
County Executive

Department of Finance

Orange County Department of Finance
255 Main St.
Goshen, NY 10924
Phone: 845-360-6666

ELECTRONIC FUNDS TRANSFER(EFT)&AUTOMATED CLEARING HOUSE(ACH) AUTHORIZATION FORM

Dear Vendor:

Orange County requires new vendors and strongly encourages existing vendors to accept ACH for payment when doing business with us. By selecting ACH payments, amounts to be paid could be received up to 5 days earlier than with check payments. If you are an existing vendor and would like to continue receiving a check, you do not need to do anything and can disregard this letter at this time. If you would like to start receiving payments by ACH, please provide the information below. Once completed, please return originals to our office at the address noted above. Original forms are required, **SORRY NO EMAILED APPLICATIONS CAN BE ACCEPTED.**

Select One: ☐ OC Employee Employee ID # _____ ☐ Existing County Supplier ☐ New County Supplier

Select One: ☐ New ACH application ☐ Updating ACH information on file

Supplier/Vendor Name: _____ Contact Name: _____

Address Line 1: _____ Telephone: (____) ____-____

Address Line 2: _____ Fax: (____) ____-____

Address Line 3: _____ Last 4 digits of Tax ID/SSN: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize ORANGE COUNTY to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (select one): ☐ Checking Account ☐ Savings Account indicated below and the depository bank named below to credit and/or debit the same to my account.

Bank Name: _____

Routing/ABA Number: _____ Account Number: _____

One of the following is required in order for this request to be processed (check one):

☐ Voided Check (starter checks or copies cannot be accepted) ☐ Bank Letter or Specification Sheet (the signature of your local bank representative MUST be included)

A detail of the invoice(s) being paid will be emailed. Please provide at least one (1) valid email address:

Email #1: _____ Email #2: _____

Authorized Representative (please print) _____

Signature: _____ Date: _____

It may take one to two payment cycles before you will receive your first payment by ACH. If you have any questions, please contact our office.

Sincerely,
Kerry Gallagher
Commissioner of Finance