



**CHAUTAUQUA COUNTY DEPARTMENT OF FINANCE**  
**DIRECT DEPOSIT OF VENDOR PAYMENTS ENROLLMENT/CHANGE FORM**

Office Use Only:
Vendor # _____
Processed Date _____
Initial _____
Initial _____

Please note that this form is intended for Chautauqua County Vendors and is to be used only for direct deposits of accounts payable invoices. It is your company's/individual's sole responsibility to verify that your information is correct and to inform the Chautauqua County Finance Department of any changes in your company: tax id/social security #, name, address, email, contact, and/or bank account information. If payment is delayed due to incorrect information, Chautauqua County will not be responsible for interest, late charges, service charges, or any other fees associated with late payments. To view payment history you can sign up for an eSupplier account by going to: <https://ccsuite.chautauquacounty.com> and clicking on the Supplier Portal.

**Vendor/Individual Information: \*Fields are required**

*Name: _____ <small>Business or Last, First MI</small>	*Tax ID/Social Security #: _____
*Remit Address: _____	*Phone: (____) _____
*Email Address: _____ <small>This will be used for payment notification only</small>	A/R Contact Name: _____ <small>For businesses/companies only</small>

**\*Check the appropriate box:**

- I am enrolling in direct deposit for invoice payments for the first time.
- I am changing my vendor direct deposit to another account and/or financial institution.
- I would like to stop my direct deposit and enroll in the Supplier Pay Program.(must accept VISA)

**Deposit Information:**

*Account Type (check one)	*Name of Financial Institution	*Routing Number	*Account Number
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

I, \_\_\_\_\_, have the authority to grant permission and hereby authorize Chautauqua County to deposit my payments for invoices into my account at the bank identified above. In the event of an overpayment, Chautauqua County will recoup the funds from future transactions. If no future transactions are anticipated, our organization will issue a refund to Chautauqua County for the full amount of the overpayment. Chautauqua County retains the option to un-enroll the vendor from the direct deposit program at any time.

\_\_\_\_\_  
 \*Authorized Vendor/Individual Signature & Title (if applicable)

\_\_\_\_\_  
 \*Date

*For assistance completing this form, please contact the Finance Department at (716) 753-4417. Detailed instructions are included on the back of this form.*

## **Instructions for Completing This Form**

1. Complete the Vendor/Individual Information at the top of the form. **All fields are required unless otherwise noted.**
2. Check the appropriate box to indicate whether you are enrolling for the first time, making a change, or stopping your direct deposit and enrolling in Supplier Pay. If you are changing to Supplier Pay, please include a completed Supplier Pay enrollment form. You must accept VISA payments in order to enroll in Supplier Pay.
3. For the Deposit Information, please put an "X" or a checkmark in the appropriate box to indicate whether you want your payments deposited in your checking or savings account. Complete the boxes for "name of financial Institution", "routing number" and "account number".
4. Read the sections below regarding **Authorization for Recovery and Changes**.
5. Have an authorized individual of your company fill in their name and then sign, indicate their title, and date the form. If you are an individual, your name is entered here and a title is not applicable.
6. Email this completed form to [AccountsPayable@co.chautauqua.ny.us](mailto:AccountsPayable@co.chautauqua.ny.us) or Mail completed form to:

Chautauqua County Department of Finance,  
3 North Erie Street, GOB  
Mayville, New York 14757

**CHANGES:** Vendors may change financial institution and/or account information by completing a new Direct Deposit of Vendor Payments/Change Form. **This form is a legal document and cannot be altered by the bank or credit union, Chautauqua County or the vendor.** Any changes must be made by having the vendor complete a new form.

**Please Note:** It is your responsibility to ensure that the information provided is accurate and legible and to verify that your payments have been deposited into your account before making withdrawals or writing checks.

**AUTHORIZATION FOR RECOVERY:** By signing this form, the vendor/individual consents to allow Chautauqua County to deduct any overpayments from future transactions. If no future transactions are anticipated; the vendor/individual will be required to issue a refund payable to the Chautauqua County Director of Finance. The vendor/individual also consents that Chautauqua County has the authority to recover any overpayments to which the vendor/individual was not entitled and which was deposited to the account in error or by mistake. This means of recovery shall not prevent the County from utilizing any other lawful means to retrieve payments to which the vendor/individual is not entitled.