



**Allegany County Treasurer**

7 Court Street  
Room #134  
Belmont, NY 14813  
Phone: 585-268-9289  
Fax: 585-268-7506

Dear Vendor:

Enrolling in direct deposit payments supports the County's ongoing efforts to become paperless, more efficient and effective, deliver enhanced services and timely payments to vendors, and provide for a sustainable environment. Enrolling will also support the County's efforts to reduce exposure and transmission of Covid-19 to the public.

Direct deposit eliminates the two to three day wait for paper checks in the mail and the trip to the bank to deposit the checks. It provides more security than paper checks. This eliminates lost, misplaced or stolen checks.

Allegany County encourages all vendors to enroll in the direct deposit electronic payment program. Payments will be made electronically via Automated Clearing House (ACH) and deposited directly into an account designated by you at your financial institution. It usually takes two payment cycles before you will receive your first payment by ACH. On the reverse is your form and once it is completed please return to our office.

Remittance information will be emailed to you at the email address you provide on the ACH form. The details of each payment will include the invoice number, invoice date, invoice description, invoice amount, total amount paid and date of payment.

We look forward to your participation and thank you as we strive to provide more convenient and secure methods of your receipt of our payments. If you have any questions, please contact our office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Terri L. Ross", is written over a faint circular watermark or seal.

Terri L. Ross  
Allegany County Treasurer

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH)**

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

DEPOSITORY BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT ROUTING/ABA NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

Please attach a blank voided check or photocopy of cancelled check and/or a letter from your bank verifying account information.

This authority is to remain in full force and effect until ALLEGANY COUNTY has received written notification of it's termination in such time and manner as to afford ALLEGANY COUNTY and the DEPOSITORY BANK reasonable opportunity to act upon it.

NAME/COMPANY NAME \_\_\_\_\_

OFFICAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REMIT EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_