



PAYMENTWORKS GUIDE

Setups & Account Maintenance

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Step 1 - New Vendor Registration

Use the following steps to register as a new vendor in PaymentWorks and submit your information for County payment setups.

Upon completing the [Vendor Intake Form](#) for the County of Santa Cruz, you will receive an email from PaymentWorks like this:

Dear MONARCH PATHWAY:

Admin has invited you to register as a new vendor to County of Santa Cruz (Test).

ADRIANA FOR SCREEN CAPS OF THE REGISTRATION PROCESS FOR VENDORS.

In order for County of Santa Cruz (Test) to establish you or your company as a payee or vendor, please [click here](#) to register on PaymentWorks, County of Santa Cruz (Test)'s supplier portal.

Before you begin the registration process, be sure to have the following information available:

1. A valid tax ID (either an EIN or SSN)
2. If you wish to receive electronic (ACH) payments, you will need a copy of a voided check or bank statement.
3. Refer to the IRS's current W-9 form and instructions for guidance on completing the tax information section of the vendor registration form.

If you have questions regarding billing, invoices, or payments, please contact County of Santa Cruz (Test) directly.

If you have questions regarding the PaymentWorks platform or specific aspects of the registration process, please review the help documentation or contact Support [here](#).

Thank you for your support.

Sincerely,

County of Santa Cruz (Test)

Note the information requirements in the email. To save time, gather these documents in advance of clicking the PaymentWorks link.

Step 2 – Access PaymentWorks

- Open the PaymentWorks link provided by the County in the email.
- **If you already have a PaymentWorks account**, sign in by selecting “[Click here to login](#)”, shown in the screenshot below.
- If you do not have an account, select **Create Account** and complete the registration process.



County of Santa Cruz (Test)

Before registering as a new County of Santa Cruz (Test) supplier, you first need to create a free PaymentWorks account.

[Join Now](#)

Already registered on PaymentWorks? [Click here to login](#)

Enter your contact information:

- Enter your name and phone number.
- Enter your legal business name.
- Enter your business email address. **Make sure the email address is accurate**, as PaymentWorks will send an invitation to complete the registration.

Payees (Suppliers)

Join PaymentWorks for Free

Your Information

First Name

Last Name

Company Name / Doing Business As (optional)

Title

 Telephone

Email

Confirm Email

Create Password

Password

Confirm password

☐ I agree to the [Terms of Service](#)

Join Now

1

2

3

4

Vendor Registration Step 1 of 4

The password must be at least 8 characters long and contain at least 2 digits

After you click “Join Now”, check your email.



An activation email has been sent to you. Please use the link in this email to activate your account.

Please note that there may be a delay of up to 24 hours before this message is delivered. Please check all of your filtered folders.

1

2

3

4

Vendor Registration Step 2 of 4

Step 3 – Verify Your Email Address

PaymentWorks will send an invitation to complete the registration.

From: **PaymentWorks** <do-not-reply@paymentworks.com>
Date: Tue, Aug 25, 2026, 10:14 AM
Subject: PaymentWorks Account Registration
To: <monarchpathway@gmail.com>

Thanks for registering!

Verify your email within the next 72 hours to activate your account, and then sign in to complete your registration.

[Verify Your Email and Complete Your Registration](#)

Thank you,
PaymentWorks

 Image of the PaymentWorks logo

If this was sent to you in error, please ignore this email and your address will be removed from our records.

Step 4 – Enter Vendor Information in PaymentWorks

- Enter the requested vendor information.
- Verify all information before continuing. Use the back button to go back to previous pages.
- All the required information categories are listed on the left of the screen:



- 1 **Tax Information**
- 2 Primary Profile Information
- 3 Addresses
- 4 Payment Information
- 5 Conflict of Interest
- 6 Purchase Orders
- 7 Insurance Certificates
- 8 Additional Fields

SECTION 1: TAX INFORMATION

Select the tax reporting profile that best describes your business

How should we classify you for payments and tax reporting?

This helps us gather the correct information to complete your profile and get you paid.



Individual



Sole Proprietor



Business Entity

Links to instructions specific to your selection:

- [Individual](#)
- [Sole Proprietor](#)
- [Business Entity](#)

Individual

If you click **Individual**, you will be asked to verify

- Which country you pay taxes in
- Your social security number
- Your legal name as it appears on tax records

Where are you responsible for tax reporting?

For individuals, this is usually your home country.

For businesses and sole proprietors using a business tax ID, choose the country where your business is registered.

All fields marked with an asterisk (*) are required.

Tax Country *

Gather the following before starting to help you complete your form:

- ☒ Your Social Security Number (SSN)
OR Individual Taxpayer Identification Number (ITIN)
OR Employer Identification Number (EIN)

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[Next](#)

Name and Social Security Number

Enter your name and Social Security Number (SSN) exactly as they appear on your tax documents. Do not enter a business EIN.

First Name *

Middle Name

Last Name *

Date of Birth * 

SSN *

Confirm SSN *

[Back](#)

[Next](#)

Confirm the legal name that appears on your tax documents.

This should match the name associated with your tax ID.

If you operate under a different name (a DBA), you can provide it below.

Legal Name *
Adriana Goericke

- ☒ Does your business use a different name publicly (like a brand name)? This is called a "Doing Business As" (DBA) name.

Doing Business As (DBA Name) *
Monarch Pathway

A DBA ("Doing Business As") name is a trade or brand name that allows a business to operate under a name that is different from its legal name or the owner's name (in the case of a sole proprietorship). It's essentially a "nickname" for your business.

[Back](#)

[Next](#)

After this information has been entered, you can either upload your W-9 or PaymentWorks will generate one for you.

Does your W-9 include any special entries?

Special entries include FATCA exemption codes or other non-standard information.



No, We'll generate your W-9 automatically.



Yes, Upload your completed W-9.

[Back](#)

[Next](#)

You will then be asked to certify your W-9:

W-9 Certification

Your **Form W-9** is being generated and submitted electronically.

Tax ID
809095798

Under penalties of perjury, I certify the following:

- ☒ The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
- ☒ I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
- ☒ I am a U.S. citizen or other U.S. person.

Certification instructions. You must uncheck item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on the W9 for Part II, later.

[Back](#)

[Save and Continue](#)

Sole Proprietor

If you select Sole Proprietor, you'll be asked provide your SSN, Taxpayer ID Number, or EIN:

Where are you responsible for tax reporting?

For individuals, this is usually your home country.

For businesses and sole proprietors using a business tax ID, choose the country where your business is registered.

All fields marked with an asterisk (*) are required.

Tax Country *

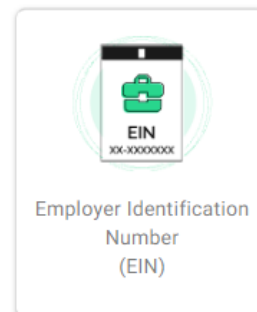
Gather the following before starting to help you complete your form:

- ☒ Your Social Security Number (SSN)
OR Individual Taxpayer Identification Number (ITIN)
OR Employer Identification Number (EIN)

Which tax ID do you use?

Most individuals use an SSN.

If you're a Sole Proprietor or business, you may have an EIN.



Business Entity

If you select Business Entity, you will be asked for your business legal name, the DBA, business classification and your EIN.

In what country is your business registered for tax purposes?

Select the country where your business is legally formed or registered.

All fields marked with an asterisk (*) are required.

Tax Country *
Q United States of Amer... ▼

Gather the following before starting to help you complete your form:

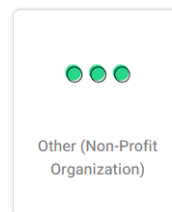
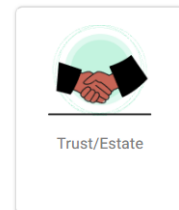
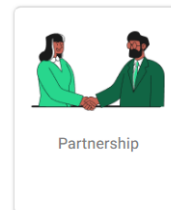
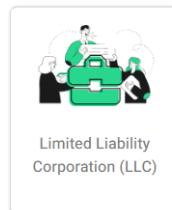
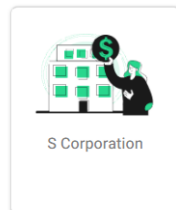
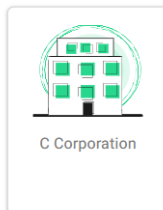
- ✓ Business legal name
- ✓ Business DBA name, if applicable
- ✓ Business classification
- ✓ Employer Identification Number (EIN)

[Back](#)

[Next](#)

How is your business classified for tax purposes?

Your selection determines the appropriate tax forms and requirements for your business.



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[Next](#)

If none of the types fit your business, select other and specify.

How is your business classified for tax purposes?

Your selection determines the appropriate tax forms and requirements for your business.



C Corporation



S Corporation



Limited Liability Corporation (LLC)



Partnership



Trust/Estate



Other (Non-Profit Organization)

Please provide a description for your business type *

If you select **Limited Liability Corporation (LLC)**, you will be prompted to select from a menu of options:

Let's further refine the type of LLC for tax purposes.

Your selection determines the appropriate tax forms and requirements for your business.



LLC Taxed as C Corporation



LLC Taxed as S Corporation



LLC Taxed as Partnership

Complete all necessary information for your business entity based on your selection.

SECTION 2: PRIMARY PROFILE INFORMATION

Enter the type of services you provide and your personal information.

Description of Reason for Payment

Briefly describe the type of services you are providing or the reason you're being paid. This helps your customer understand the nature of the payment.

Payment Reason *

Coaching Services

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[Save and Continue](#)

Personal Information

This information is necessary for identity verification and communication purposes.

Phone Number *

Preferred Email *

Website URL

SECTION 3: ADDRESSES

Enter your primary address

Enter Your Primary Address

Enter your primary business address. This will be used for all official correspondence.

Country *

Q

United States of America

▼

Address Line 1 *

Address Line 2

City *

State / Province / Territory *

Alabama

▼

Zip / Postal Code *

If your Accounts Receivable address is the same as your primary address, select “Same as primary address” at the top of the next page.

☐ Same as primary address

Enter Contact Details for Accounts Receivable

Please provide the contact details for Accounts Receivable related to this address. This should be someone responsible for accounts receivable who can handle billing and payment inquiries.

Contact Name *

Contact Email *

Contact Phone *

Enter Remittance Address

Address Nickname *

Address Nickname is required

Country *

Q

United States of America

▼

Address Line 1 *

Address Line 2

City *

If you click “Same as primary address”, this is the next screen:

Enter Your Remittance Address

This is the address where payments should be sent.

 **Note:** You are only required to enter one remittance address at this time. Once your profile is created, you will have the ability to manage and add additional remittance addresses as needed.

☒ Same as primary address

Enter Contact Details for Accounts Receivable

Please provide the contact details for Accounts Receivable related to this address. This should be someone responsible for accounts receivable who can handle billing and payment inquiries.

Contact Name *

Contact Email *

Contact Phone *

SECTION 4: PAYMENT INFORMATION

In which country is your bank located?

This helps us choose the correct banking details and payment options for your account.

Bank Country *

 United States of America ▼

How would you like to receive payments?

 **ACH/EFT** RECOMMENDED

Direct deposit to your bank account.
Convenient, reliable and easy.
Pay on Approval

Standard Methods

 **Check**

Paper check by mail. Slow, less secure,
often delayed.
Net 30

ACH Bank Details Needed:

Bank Details

We'll use this information to deposit funds into your U.S. bank account. Routing number will be used to identify the bank and its address automatically.

Name on Account *

Routing / Bank Number *

Account Type * ▼

Account Number *

Confirm Account Number *

Check Details Needed:

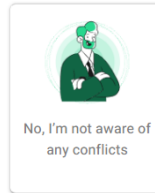
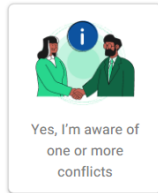
Where should we send payment notifications?

Enter the contact details for the person who should receive updates about your payments, including deposit confirmations and payment-related communications.

SECTION 5: CONFLICTS OF INTEREST:

Are you aware of any potential conflicts of interest with County of Santa Cruz (Test)?

This includes any known connections between people at your organization and individuals affiliated with County of Santa Cruz (Test), even if you were not directly involved but are aware of the relationship.

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If you select “YES”, you will be asked to name the conflicts of interest:

Add a Conflict of Interest Disclosure

Provide details about individuals affiliated with County of Santa Cruz (Test) and the nature of the relationship that may present a conflict of interest.

 Maximum of 3 Conflicts

 Add Conflict of Interest

[Back](#)[Save and Continue](#)

Add Conflict of Interest Disclosure



Person Affiliated with County of Santa Cruz (Test) *

Department *

Job Title

Type of Affiliation with County of Santa Cruz (Test) *



Date of Separation



Nature of Relationship *

[Cancel](#)[!\[\]\(c598d40919147a08e34a5a98f694195e_img.jpg\) Save Conflict](#)

SECTION 6: PURCHASE ORDERS

Do you or your business accept Purchase Orders (POs)?

This helps us determine if you're set up to receive and process Purchase Orders from customers.



I accept POs



I don't accept POs

If you accept purchase orders, select from the options:

How would you like to receive Purchase Orders?

Tell us how your business can receive purchase orders. Some customers may only support email delivery; in those cases, email will be used automatically.



Email



EDI (Electronic Data Interchange)



Fax

Email Info needed:

- PO contact name, phone and email

EDI Info needed:

Provide Contact Details for Purchase Orders

We'll use your preferred method when the customer supports it. If not, we'll default to the email provided.

PO Contact Name *

PO Contact Phone *

PO Contact Email *

EDI Identifier (e.g., GHX-PO-123456) *

Fax Info needed:

Provide Contact Details for Purchase Orders

We'll use your preferred method when the customer supports it. If not, we'll default to the email provided.

SECTION 7: INSURANCE CERTIFICATES

Do you have any insurance coverage to provide?

We'll help you create a digital record ("coverage card") for each type of insurance coverage you hold.



Yes - I have at least
one type of
insurance coverage



No - I will not be
providing insurance
coverage

Add your insurance coverage.

Create a digital "card" for each type of insurance coverage you hold.
You'll attest that each payer is covered as an additional insured, without needing a customized certificate.

[+ Add Insurance Coverage](#)

Select all that apply:

Add Insurance Certificate



1 Upload Certificate ————— 2 Certificate Information

Upload Insurance Certificate *

Supports PDF, PNG or JPG files. File size limit is 5 megabytes.
Please ensure the validation file you are uploading is in English and that the information in it matches what has been entered on this form.

☐ I attest this payer has been added as an additional insured to my insurance policy.

- | | |
|--|---|
| ☐ Commercial General Liability | ☐ Workers Compensation (includes Employers' Liability) |
| ☐ Professional Liability (Errors & Omissions) | ☐ Cyber/Privacy Liability |
| ☐ Umbrella or Excess Liability | ☐ Other (Please Specify) |
| ☐ Business Automobile Liability | |

Cancel

Next

Insurance Details are required for all insurance types selected:

Add Insurance Certificate



✓ Upload Certificate ————— 2 Certificate Information

Umbrella or Excess Liability

Provider *	Account Number *	Expiration Date *
------------	------------------	-------------------

Commercial General Liability

Provider *	Account Number *	Expiration Date *
------------	------------------	-------------------

Back

Save Insurance

Once you have saved the info above, the save and continue button will be possible.

Add your insurance coverage.

Create a digital "card" for each type of insurance coverage you hold.
You'll attest that each payer is covered as an additional insured, without needing a customized certificate.

Commercial General Liability, Umbrella or Excess Liability

Add Insurance Coverage

Back

Save and Continue

SECTION 8: ADDITIONAL INFORMATION SECTION

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Please contact Purchasing@santacruzcountyca.gov or PWInitiatorAC@santacruzcountyca.gov if you have questions related to the additional information section of the registration.

Supplier Category*

Select an Option

NIGP Commodity Codes*

NIGP Commodity Code Information

Please enter the NIGP Commodity Code that indicates the types of goods you will be providing

Enter Text Here

Please enter a 2nd NIGP Commodity Code if applicable

Enter Text Here

Please enter a 3rd NIGP Commodity Code if applicable

Enter Text Here

If you select **US Individual**, you will be asked to enter your Name and SSN:

Select an Option

US Individual

Independent Contractor Reporting

[Link to Independent Contractor Reporting Documentation](#)

Per CA reporting requirements please provide your First Name below:*

Enter Text Here

Per CA reporting requirements please provide your Last Name below:*

Enter Text Here

Per CA reporting requirements please provide your SSN below:*

Enter Text Here

If you are being paid for any of the following, please select all that apply:

Are you being paid for any of the following?*

- ☐ Royalties or broker payments in lieu of dividends or tax-exempt interest
- ☐ Rents
- ☐ Services performed by someone who is not your employee
- ☐ Prizes and awards
- ☐ Other income payments
- ☐ Medical and healthcare payments
- ☐ Crop insurance proceeds
- ☐ Cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish
- ☐ Cash paid from a notional principal contract to an individual or partnership or estate
- ☐ Payments to an attorney
- ☐ Any fishing boat proceeds
- ☐ Nonemployee compensation (self-employment income)
- ☐ None of these statements are true

If you select **US Business Entity**:

Please contact Purchasing@santacruzcountyca.gov or PWInitiatorAC@santacruzcountyca.gov if you have questions related to the additional information section of the registration.

Supplier Category*

Select an Option

US Business Entity

Is your entity an Individual/Sole-Proprietorship or a Single-Member LLC?*

Select an Option

If you answer yes to this question, you must provide your name and SSN as well:

Is your entity an Individual/Sole-Proprietorship or a Single-Member LLC? *

Select an Option

Yes

Per CA reporting requirements please provide your First Name:

Enter Text Here

Per CA reporting requirements please provide your Last Name: *

Enter Text Here

Per CA reporting requirements please provide your SSN: *

[Link to Independent Contractor Reporting Documentation](#)

Enter Text Here

If you answer no to this question, select all that apply that you are being paid for:

Is your entity an Individual/Sole-Proprietorship or a Single-Member LLC? *

Select an Option

No

Is your company being paid for any of the following? *

- ☐ Royalties or broker payments in lieu of dividends or tax-exempt interest
- ☐ Rents
- ☐ Services performed by someone who is not your employee
- ☐ Prizes and awards
- ☐ Other income payments
- ☐ Medical and healthcare payments
- ☐ Crop insurance proceeds
- ☐ Cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish
- ☐ Cash paid from a notional principal contract to an individual or partnership or estate
- ☐ Payments to an attorney
- ☐ Any fishing boat proceeds
- ☐ Nonemployee compensation (self-employment income)
- ☐ None of these statements are true

Next you will be asked to add your **commodity codes**.

If you do not know the Commodity Code to use, click the blue link for a list of options:

NIGP Commodity Codes *

[NIGP Commodity Code Information](#)

Please enter the NIGP Commodity Code that indicates the types of goods you will be providing

Enter Text Here

This field is required

Please enter a 2nd NIGP Commodity Code if applicable

Enter Text Here

Please enter a 3rd NIGP Commodity Code if applicable

Enter Text Here

Then you will select an option for the **Current Living Wages Ordinance**.

If you do not know what to select for Living Wage, click the blue link for more information:

Living Wage *

[Current Living Wage Ordinance](#)

Select an Option

▼

Please read our Standard PO Terms and Conditions. *

Be sure to read the standard **PO Terms and Conditions** before accepting:

Please read our Standard PO Terms and Conditions. *

[Link to Standard PO Terms & Conditions](#)

☐ I have read the standard PO terms and conditions as outlined above

Do you accept the County's Standard PO Terms and Conditions? *

Select an Option ▼

Sales Contact Name *

Enter Text Here

Sales Contact Phone Number *



Enter Telephone Here

ext.

Sales Contact Email *

Enter Email Here

The next question asks about **CALPERS membership**.

If you select yes, it will ask for your agency info:

Are you a current or former CALPERS member? *

Select an Option

Yes ▼

What was the name of the Agency? *

Enter Text Here

Your Profile set up is complete when you are routed to the Home screen:

Home

Customers

View your customers and pending registrations

Customer	Registration Submission Date ↓	Status
County of Santa Cruz (Test)	08/25/2026	Profile/Connection in Review

Rows per page: 5 ▼ Total Rows: 1 < >

[Go to Customers](#)

Invoices

View your connected customer-uploaded invoices

Customer	Invoice Number	Invoice Date ↓	Invoice Amount	Paid Amount	Purchase Order	Invoice Status	Scheduled Pay Date
There are no invoices to view. Check your filters and confirm you have connected customers. Invoice Help ?							

Rows per page: 5 ▼ Total Rows: 0 < >

[Go to Invoices](#)

There is a screen of options once you are set up to select from:



 Home

 My Payee Profile

 Customers

 Invoices

 Remittances

 News

 Messages

 Account

Step 5 – Checking PaymentWorks Status Updates

If you want to know the status of your registration with the county, you can see by selecting “Customers”:

Customers

Customers View your customers and pending registrations		
Customer	Registration Submission Date ↓	Status
County of Santa Cruz (Test)	08/25/2026	Profile/Connection in Review
		Rows per page: 10 ▼ Total

Step 6 – Updating Your Payment Works Information

Updating Your Business Information

If you need to update your address, legal entity information or bank account in the future, select “My Payee Profile”:

My Payee Profile ?

Information in your profile is shared with your connected customers.

Primary Information
Primary Contact Info
PO Box: CA
US
telephone: (831,
email: monarchpathway@gmail.com
Description of Products or Services
Coaching Services
[View or Edit Details](#)

Legal Entity Information
Tax Details
Legal Name: .e, Adriana
Country: US
Tax Identification Number: ***-**-
Tax Class: Individual
Doing Business As.
[Tax Identification Valid](#)
[View or Edit Details](#)

Bank Accounts
No bank accounts available.
[+ Add Account](#)

Tax Forms
Download File on Record
[View or Edit Details](#)

Adding Users to Your PaymentWorks Site

Once your PaymentWorks site is established, only you can add additional users access.

If your organization has grown or changed, and you would like to reassign Payment Works data management to someone else on your team, you can add users under “User Management” here:

User Management

Users Manage other users and their assigned roles.			Export to CSV	Create User
Search by name or email				
Name	Email	Last Login Date		
Adriana Goericke	monarchpathway@gmail.com	2026-08-25	Edit	Delete

The Email Address Used for PaymentWorks Is No Longer Active

We highly recommend setting up at least two users on your PaymentWorks account. Having a secondary administrator ensures you never lose access to your account if your primary email goes out of service or a team member leaves.

If you only have one email set up and it is no longer active, please use this link to contact PaymentWorks: <https://help.paymentworks.com/contactsupport>

If Your Business Was Acquired by Another Firm

If your company was purchased by a new vendor **that is not registered with the County of Santa Cruz**, use the Legal Information section of “My Payee Profile” to specify the new company, and add new company contacts to the users list.

If your company was purchased by a vendor that is **already registered with the County of Santa Cruz**, we will disable your vendor ID and use the other company vendor ID moving forward for purchase orders. You can email your contact with the county to find out if the new business is a county vendor.