



Commonwealth of Virginia
BOARD MEMBER
ELECTRONIC DATA INTERCHANGE PROGRAM
(To be submitted to Agency Employee EDI Coordinator)

I wish to have my reimbursements and other Commonwealth payments, excluding payroll, directly deposited to my account at the financial institution shown below. **I agree to notify Agency EDI Coordinator immediately of any changes to the information so that payments to me are not disrupted.**

Board Member Information – PLEASE PRINT CLEARLY

Printed Name: _____ Work Phone: (____) _____
Home Address, City, State, Zip: _____
*Vendor ID Number: _____ Name of Board: _____
**(Required. if unknown, ask your Agency EDI coordinator)*

Financial Institution Information

Name _____ Branch (City/State) _____
Phone Number _____ (required)
Checking _____ (copy of voided check is required) Savings _____ (official bank document with routing and account number required – deposit slips are NOT acceptable)

I understand that in the event the Commonwealth notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment.

Signed _____ Date _____
Member's Full Name

****Incomplete or illegible forms will cause a delay in processing your request.****

Please attach a Voided Check or official financial institution documentation stating
Routing and Account information to this form
Deposit slips are NOT acceptable.

**Your name and correct address must appear on the
check or financial institution information.**

TO BE COMPLETED BY AGENCY EDI COORDINATOR:

ADD CHANGE DELETE

Agency Name _____ Agency Number _____

Agency EDI Coordinator Name _____

Coordinator's Phone Number and E-mail _____

DEPARTMENT OF ACCOUNTS USE ONLY:

Function: ADD _____ DELETE _____ CHANGE _____

Keyed by _____ Date _____ PRN Date _____ Reviewed by _____ Date _____