

**EDI Payment Agreement**  
**For State Agencies**

This agreement is entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ between the Department of Accounts ("DOA"), and the \_\_\_\_\_ ("AGENCY").

AGENCY hereby authorizes the DOA to make payments utilizing, at the DOA's option, electronic data interchange ("EDI"). AGENCY acknowledges and agrees that the terms and conditions of all agreements between the AGENCY and the DOA concerning the method and timing of payment shall be amended to the extent provided in this Agreement.

The EDI payment shall be deemed completed when the AGENCY's Depository Institution has accepted the payment order within the meaning of Article 4A of the Uniform Commercial Code as enacted in Virginia. The Electronic Payment Information Form is an integral part of this agreement.

If CTX is chosen, AGENCY understands and acknowledges that DOA will deliver the remittance data to AGENCY's designated Depository Institution. If CCD+ is chosen, DOA agrees to provide the remittance data via the Internet.

The AGENCY shall provide DOA written notification of any change in the depository institution, payment instructions, or remittance data instructions at least 15 days in advance of such change. Such notification shall be delivered to DOA via:

- E-mail to: [edi@doa.virginia.gov](mailto:edi@doa.virginia.gov),
- Fax to: (804) 414-9896, or
- U.S. Mail to: Virginia Department of Accounts, eCommerce Unit, P.O. Box 1971, Richmond, VA 23218-1971

A "Trading Partner Notification of Change" form can be printed from DOA's website ([www.doa.virginia.gov](http://www.doa.virginia.gov)), the changed information filled in, and the form faxed or mailed to the fax number or address above, respectively.

In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, AGENCY agrees to return any such payment to DOA, after DOA first provides information to the AGENCY documenting any duplicate payment, overpayment, fraudulent payment, or payment in error.

DOA shall be responsible for making all payments required pursuant to this Agreement and for any loss of payment prior to the point at which the AGENCY's Depository Institution shall receive or have control of the payment, except that AGENCY shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided herein, or any subsequent changes. Any other loss shall be borne by DOA, except to the extent that such loss arises by reason of the negligence or willful misconduct of the AGENCY. In the event that payment timely initiated by DOA has not been received by the AGENCY because of failure or delay by the funds transfer system or rejection by the AGENCY's bank, DOA shall pay the AGENCY as soon as practicable after such failure or delay is discovered.

Signature: \_\_\_\_\_

Agency number(s) \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**AGENCY, GRANTEE, LOCALITY, and NON-STATE AGENCY  
ELECTRONIC PAYMENT INFORMATION FORM**

**Agency, Grantee, Locality, or Non-State Agency Information:**

Name \_\_\_\_\_  
(THIS MUST BE THE NAME REGISTERED WITH THE IRS FOR THE TAXPAYER ID)

Check one: Locality \_\_\_\_ Grantee \_\_\_\_ State Agency \_\_\_\_ Non-state agency \_\_\_\_

Purpose of Account (Utilities, Education, Etc.) \_\_\_\_\_

Taxpayer ID Number (include EDI suffix, if pre-assigned) \_\_\_\_\_

Mailing Address (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Area Code/Telephone No. (include extension) \_\_\_\_\_

Payment Format Desired (Required – must select one): CCD+ \_\_\_\_ CTX \_\_\_\_

Fax Telephone No. \_\_\_\_\_

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**Bank Information:**

Name of Bank \_\_\_\_\_

Address of Bank (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Check one: Checking \_\_\_\_ Savings \_\_\_\_

ACH Transit Routing Number for Bank (9 digits) \_\_\_\_\_

(If your bank merged in the last year, please confirm the Transit Routing Number and the Bank Account Number with them before submitting this form.)

Bank Account Number (ACH) \_\_\_\_\_

Bank Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Bank Area Code & Telephone Number \_\_\_\_\_

For information about filling out these EDI forms or on the Commonwealth of Virginia's Financial Electronic Data Interchange program, refer to the "EDI Guide for Vendors, Localities, Grantees, State Agencies and Non-state Agencies" on the Department of Accounts website, [www.doa.virginia.gov](http://www.doa.virginia.gov). Click the "EDI" button and scroll down for a listing of the EDI documents available on the website.

**A payment format, either CCD+ or CTX, must be selected on the Electronic Payment Information Form.** These formats determine how the remittance detail (e.g., invoice number, invoice date, customer account number, description, payment amount, and the name and telephone number of the disbursing state agency) for your payments is provided to your agency.

**CCD+** routes the remittance detail to the REDI Virginia website (**Remittance Electronic Data Interchange**) on the Internet (<http://REDIVirginia.doa.virginia.gov>) while your funds are routed to your financial institution. There is no charge by the Commonwealth of Virginia for providing remittance detail via the REDI Virginia website. You can elect to receive an email notification one day prior to the EDI deposit date from REDI Virginia. The [REDI Virginia Procedure Guide](#) is available on the Department of Accounts website.

**CTX** routes the remittance detail to your financial institution along with the funds. Your financial institution should translate and relay the electronic remittance detail to your company. Contact your financial institution before signing up to find out what you will receive from them and if there are any charges. There is no charge by the Commonwealth of Virginia associated with the CTX payment format. If you select the CTX payment format, you can use the REDI Virginia website for EDI remittance data to supplement the information you receive from your financial institution.

**Please send the completed forms via one method listed below:**

Scan and email the forms to [edi@doa.virginia.gov](mailto:edi@doa.virginia.gov)

Fax forms to 804-414-9896

Mail completed forms to: Department of Accounts  
eCommerce Unit  
P. O. Box 1971  
Richmond, VA 23218-1971