

State Employee Notification of Change Form
Commonwealth of Virginia
Employee Electronic Data Interchange Program

The **updated information can be e-mailed to edi@doa.virginia.gov** or you can use this form to fax or mail the information to General Accounting, Virginia Department of Accounts at (804) 225-4250 or P.O. Box 1971, Richmond, VA 23218-1971, respectively.

Employee Name _____

Social Security Number _____

(You are not legally required to furnish your social security number. However, it is required if you wish to participate in the Employee EDI Program.)

Employee Information:

Employee Name _____

Employee Address _____

Employee Phone Number _____

Internet e-mail address _____

Banking Information: (Please contact your financial institution if you need assistance with this information.)

Bank Name _____

Branch (City and State) _____

Checking/Savings (circle one)

ABA Routing # (ACH) _____

Bank Account # (ACH) _____

Employee Signature _____

Effective Date _____

DEPARTMENT OF ACCOUNTS USE ONLY:

Keyed by _____ Date _____ Reviewed by _____ Date _____