

**Commonwealth of Virginia**  
**BOARD MEMBER**  
**Type 7 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: \_\_\_\_\_

\*\*Social Security Number: \_\_\_\_\_ Name of Board: \_\_\_\_\_

\*\* (You are not legally required to furnish the above information; however, this information is required if you wish to participate in the EDI Program.)

Financial Institution Information

Name \_\_\_\_\_ Branch (City/State) \_\_\_\_\_

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 change information:      Former Agy Number \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Number \_\_\_\_\_

Agency EDI Employee 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 \_\_\_\_\_