

EDI Payment Agreement
For Non-State Agencies

This agreement is entered into as of this _____ day of _____, 20____ between the Commonwealth of Virginia ("Commonwealth"), and the _____ ("AGENCY").

AGENCY hereby authorizes the Commonwealth to make payments utilizing, at the Commonwealth's option, electronic data interchange ("EDI"). AGENCY acknowledges and agrees that the terms and conditions of all agreements between the AGENCY and the Commonwealth 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 the Commonwealth will deliver the remittance data to AGENCY's designated Depository Institution. If CCD+ is chosen, the Commonwealth agrees to provide the remittance data via the Internet.

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

- U.S. Mail to: Virginia Department of Accounts, EDI 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), the changed information filled in, and the form mailed via U.S. mail to the address above.

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

The Commonwealth 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 the Commonwealth, 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 the Commonwealth has not been received by the AGENCY because of failure or delay by the funds transfer system or rejection by the AGENCY's bank, the Commonwealth shall pay the AGENCY as soon as practicable after such failure or delay is discovered.

Signature: _____

Print Name: _____

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 ____

Is another company fiscal agent for your organization? Yes ____ No ____

Purpose of Account (General, Utilities, Education, Etc.) _____

Taxpayer ID Number (include dashes) _____

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 – see next page): CCD+ ____ CTX ____

Fax Telephone No. _____

Bank Information:

Name of Bank _____

Mailing 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 ACH Transit Routing Number and the Bank Account Number with them before submitting this form.)

Bank Account Number _____

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.

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 company.

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 on the REDI Virginia website. You can elect to receive an e-mail notification one day prior to the EDI deposit date from REDI Virginia that indicates the total deposit amount and deposit date. 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 choose the CTX payment format, you can use the REDI Virginia website for EDI remittance data.

Please send the completed forms via U.S. mail to:

Department of Accounts
EDI Unit
P. O. Box 1971
Richmond, VA 23218-1971