

EDI Payment Agreement
For Grant and Locality Payments

This agreement is entered into as of this _____ day of _____, 20____ between the Commonwealth of Virginia ("Commonwealth"), and the City/County/Town/GRANTEE/LOCALITY of _____
_____ ("GRANTEE/LOCALITY").

GRANTEE/LOCALITY hereby authorizes the Commonwealth to make payments by utilizing, at the Commonwealth's option, electronic data interchange ("EDI"). GRANTEE/LOCALITY acknowledges and agrees that the terms and conditions of all agreements between the GRANTEE/LOCALITY 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 GRANTEE's/LOCALITY's Depository Institution receives or has control of the payment. The Electronic Payment Information Form is an integral part of this agreement.

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

The GRANTEE/LOCALITY shall provide the Commonwealth 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 the Department of Accounts 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, GRANTEE/LOCALITY agrees to return any such payment to the Commonwealth, after the Commonwealth first provides information to the GRANTEE/LOCALITY 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 GRANTEE's/LOCALITY's Depository Institution shall receive or have control of the payment, except that GRANTEE/LOCALITY 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 GRANTEE/LOCALITY. In the event that payment has not been received by GRANTEE/LOCALITY, GRANTEE/LOCALITY shall notify the Commonwealth immediately in writing and the Commonwealth shall have ten (10) business days from the date of receipt of such notice in which to make said payment. Until the expiration of that period, GRANTEE/LOCALITY agrees that it will not have or pursue any rights or remedies against the Commonwealth for any failure to make payment, including without limitation, actual, incidental, or consequential damages.

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 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 – 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) _____

Bank Account Number _____ (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 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 email 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 select the CTX payment format, you can also use the REDI Virginia website as a source of 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