



**Commonwealth of Virginia
Non-State Employees*
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.** **This form is only used for those persons who serve on agency commissions, attend meetings, or travel on behalf of a state agency. Any individual who provides a service to the Commonwealth of Virginia should submit the Vendor EDI Enrollment Form.*

Non-State Employee Information – PLEASE PRINT CLEARLY

Printed Name: _____ Work Phone: (____) _____
 Home Address, City, State, Zip: _____
 *Vendor ID Number: _____ Email Address: _____
**(Required. if unknown, ask your Agency EDI coordinator)*

Financial Institution Information

Name _____ Branch (City/State) _____
 Phone Number _____ (required)
 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 Name _____ Agency Number _____

Agency EDI 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 _____