CARDINAL

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 and 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 and 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 _____

EDI Payment Agreement
For Vendors

This agreement is entered into as of this _____day of_____, 20_____ between the Commonwealth of Virginia ("Commonwealth"), and _____ ("COMPANY").

COMPANY hereby authorizes the Commonwealth to make payments for goods and services covered by any agreement between the Commonwealth and COMPANY (the "Business Agreements") by utilizing, at the Commonwealth's option, electronic data interchange ("EDI"). COMPANY acknowledges and agrees that the provisions in the Business Agreements governing the method and timing of payment shall be amended to the extent provided in this Agreement.

An EDI payment from the Commonwealth to the COMPANY shall be considered timely if the payment is completed in accordance with the Prompt Payment Act. If the EDI payment cannot be completed on such date, the Commonwealth's payment is timely if the funds transfer is completed on the next business day. The EDI payment shall be deemed completed when the COMPANY's Depository Institution has accepted the payment order within the meaning of Article 4A of the Uniform Commercial Code as enacted in the jurisdiction whose law governs this agreement. No EDI payment may be used by the Commonwealth to effect an accord and satisfaction without the Company's written consent thereto. The Electronic Payment Information Form is an integral part of this agreement.

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

The COMPANY shall provide the Commonwealth written notification of any change in the depository institution, payment instructions, or remittance data instructions at least 15 days in advance of such change. Such notification shall be delivered to the Virginia Department of Accounts via:

- E-mail to: edi@doa.virginia.gov,
- Fax to: (804) 414-9896, or
- U.S. Mail to: Virginia Department of Accounts, eCommerce 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 faxed or mailed to the fax number or address above, respectively.

In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, COMPANY agrees to return any such payment to the Commonwealth, after the Commonwealth first provides information to the COMPANY documenting any duplicate payment, overpayment, fraudulent payment, or payment in error. Any return shall, at COMPANY's option, be made by EDI payment in accordance with the rules of the National Automated Clearinghouse Association, or by check.

The Commonwealth shall be responsible for making all payments required pursuant to the Business Agreements and for any loss of payment prior to the point at which the COMPANY's Depository Institution shall have accepted the payment order, except that COMPANY shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided by the COMPANY herein, or any subsequent changes thereto. 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 COMPANY. In the event that payment timely initiated by the Commonwealth has not been received by COMPANY by the due date thereof because of failure or delay by the funds transfer system or rejected by the COMPANY's bank, the Commonwealth shall pay the COMPANY as soon as practicable after such failure or delay is discovered and the Commonwealth shall not be in breach of the Business Agreements for failure to make payment.

Each party shall bear the respective fees and other charges assessed by its designated banks and third party service providers.

Each party may terminate this Agreement upon 30 days notice to the other, but this Agreement will remain in effect as to all funds transfers that have been initiated by the Commonwealth and not canceled prior to termination hereof.

In the event of any inconsistency between this Agreement and any other Business Agreement addressing the subject matter of this Agreement, this Agreement shall control.

This agreement is governed by and interpreted in accordance with the laws of the Commonwealth of Virginia.

COMPANY: _____ Signature: _____

Print Name: _____

Title: _____