

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 business days in advance of such change. Such notification shall be delivered to the Virginia 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, 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: _____
Date: _____

VENDOR
ELECTRONIC PAYMENT INFORMATION FORM

Information Required for Your Organization:

Name of "COMPANY" _____

"COMPANY" Employer Identification Number (EIN) OR
Social Security Number (SSN) _____ (include dashes)

Does another division that needs payments to go to a different bank account use this EIN or SSN? Yes
____ No ____

Does any parent or subsidiary company or other entity use this EIN or SSN? Yes ____ No ____

Mailing Address of Company (Street or P.O. Box) _____

(City) _____ (State) _____ (Zip Code) _____

(Check one) Corporation ____ Partnership ____ Reportable Corporation ____

Sole Proprietor ____ LLC ____ Other: _____

Contact Person for Company _____ e-mail _____

Area Code/Telephone Number (include extension) _____

Payment Format Desired (Required - must select one): CCD+ ____ CTX ____

Fax Telephone Number for Company _____

Bank Information for Your Company:

Name of Bank _____

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+ indicates that you will use the REDI Virginia website (**R**emittance **E**lectronic **D**ata **I**nterchange) on the Internet at <http://REDIVirginia.doa.virginia.gov> to obtain remittance detail to post your payments. There is no charge by the Commonwealth of Virginia for providing remittance detail via the REDI Virginia website. When you register on the website, you can elect to receive an e-mail notification from REDI Virginia one day prior to the deposit that indicates the total deposit amount and deposit date.

CTX indicates that the remittance detail will be sent electronically to your financial institution along with the funds. Contact your financial institution before signing up for EDI to find out what you will receive from them and if there are any charges. Remittance detail can also be obtained from the REDI Virginia website (**R**emittance **E**lectronic **D**ata **I**nterchange) on the Internet (<http://REDIVirginia.doa.virginia.gov>).

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

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