## **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 days in advance of such change. Such notification shall be delivered to the Department of Accounts via:

- E-mail to: <u>edi@doa.virginia.gov</u>,
- 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 (<u>www.doa.virginia.gov</u>), 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, 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	E NAME DECISTE	DED WITH THE IDS E	OR THE TAXPAYER ID)	
•				
Check one: Locality _	Grantee	State Agency	Non-state agency	
Is another company fi	scal agent for your o	organization? Yes	No	
Purpose of Account (C	General, Utilities, Ed	ucation, Etc.)		
Taxpayer ID Number	(include EDI suffix	if pre-assigned)		
Mailing Address (Stre	et or P.O. Box)			
(City)	(State)	(Zip Code)		
Contact Person		E	-mail	
Area Code/Telephone	No. (include extensi	on)		
Payment Format Desi	red (Required – mus	st select one): CCD+	CTX	
Fax Telephone No.				
Bank Information:				
Name of Bank				
Address of Bank (Str	eet or P.O. Box)			
(City)	(State)	(Zip Code)		
Check one:	Checking	Savings		
ACH Transit Routing	Number for Bank (	9 digits)		
Bank Account Numbe in the last year, please co before submitting this fo	onfirm the Transit Ro	uting Number and the Ban	(If your bank merged k Account Number with them	
Bank Contact Name_	ntact Name E-mail			
Bank Area Code & Te	elephone 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, <u>www.doa.virginia.gov</u>. Click the "EDI" button and scroll down for a listing of the EDI documents available on the website.

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 (**R**emittance Electronic **D**ata Interchange) on the Internet (<u>http://REDIVirginia.doa.virginia.gov</u>) 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. The <u>REDI Virginia Procedure Guide</u> 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 completd forms via one method listed below:

Scan and email the forms to <u>edi@doa.virginia.gov</u>

Fax forms to 804-414-9896

Mail completed forms to: Department of Accounts eCommerce Unit P. O. Box 1971 Richmond, VA 23218-1971