COMMONWEALTH OF VIRGINIA
STATE EMPLOYEES
EMPLOYEE ELECTRONIC DATA INTERCHANGE PROGRAM
(*To be submitted to Agency Employee EDI Coordinator****)***

☐ I wish to have my travel reimbursements and other Commonwealth payments, excluding payroll, directly deposited to my account at the financial institution shown below. **I agree to notify my Agency Employee EDI Coordinator immediately of any changes to the information so that payments to me are not disrupted**.

Employee Information – PLEASE PRINT CLEARLY

Printed Name: _____ Work Phone: (___)_____

Address, City, State, Zip: _____

**Social Security Number: _____

**(You are not legally required to furnish the above information; however, this information is required if you wish to participate in the Employee EDI Program.)

Financial Institution Information

Name _____ Branch (City/State) _____

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 my employer 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 _____
Employee'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 change information: Former Agy Number _____

Agency Name __Virginia Military Institute_____ Agency Number ___211 _____

Agency EDI Employee Coordinator Name _____Anita Davis_____

Coordinator's Phone Number and E-mail __540-464-7150_davisak@vmi.edu

DEPARTMENT OF ACCOUNTS USE ONLY:

Function: ADD _____ DELETE _____ CHANGE _____

Keyed by _____ Date _____ PRN Date _____ Reviewed by _____ Date _____