

WV Bureau for Public Health
 Office of Nutrition Services
 WIC Program
 350 Capitol Street, Room 519
 Charleston, WV 25301-3717
 Attention: Vendor Unit

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

The WIC program no longer issues replacement checks for Vouchers submitted to the State WIC Office for payment. Instead, reimbursement for these Vouchers will be accomplished by depositing the reimbursement directly into the account listed below. **Attach: voided check to this agreement to ensure proper routing and account numbers.** You must notify this office of any changes to your banking information so that the reimbursement will be credited to the correct account.

WV WIC Vendor # _____

Store Name _____

Address _____

City, State _____

Zip Code _____ Telephone Number () _____

Contact Name (please print) _____

I (we) hereby authorize the West Virginia WIC Program (hereafter the Program) to initiate credit entries to my (our) banking account. If funds to which I (we) are not entitled to are deposited to my (our) account, I (we) authorize the Program to direct the financial institution(s) to reverse said funds. These Credit transactions should be made to the depository bank named below:

Depository Bank
 Name _____

Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Telephone Number () _____

Before completing the above section, please verify your routing and account number with your bank or corporation office.

This authorization is to remain in effect until the Program has received written notification of its termination.

Vendor Authorized Representative * _____

Title _____ Date _____

This form should only be completed by the store manager, owner or authorized agent, representative.