

North Carolina Department of Health and Human Services
Division of Public Health • Women's and Children's Health Section
Nutrition Services Branch, Vendor Unit
MSC 1914 Raleigh, NC 27699-1914
Fax: (919) 870-4895

Vendor Number – Use vendor stamp

Vendor Authorization Agreement for Direct Deposit (ACH Credits)

Please check only one: New Form Correction/Change

VENDOR NUMBER _____

STORE NAME: _____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

TELEPHONE: (_____) _____

I (we) hereby authorize the North Carolina - WIC Program, herein called the State WIC Agency, to initiate credit entries to my (our) account. If funds which I am not entitled to are deposited in my account, I (we) authorize the State WIC Agency to direct the financial institutions(s) to return said funds. These credit transactions should be made to the depository bank named below.

DEPOSITORY BANK NAME: _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING **ACCOUNT**
NUMBER: _____ **NUMBER** _____

BANK TELEPHONE NUMBER: (_____) _____

Please verify routing and account numbers with your bank or corporate office before completing this section.

This authorization is to remain in full force and effective until the State WIC Agency has received written notification from me of its termination.

VENDOR AUTHORIZED PERSON* _____
(PRINT)

(SIGNATURE)

TITLE: _____ DATE: _____

Authorization Agreement (ACH Credits) Form Instructions:

1. Complete this entire Form (please print) and attach a copy of a blank, voided check (no counter/starter checks). The Authorization Agreement Form will not be processed without an attached check.
2. Make a copy of Form for your records and send to Nutrition Services Branch, Attn: Vendor Unit. (**Note:** New Vendor Applicants, give form/check to Local WIC Agency, along with WIC Application).
3. Deposit slips are not acceptable and will not be processed. Savings accounts are ineligible for ACH.

***Only the Vendor Store Manager, Owner / Officer, or Vendor-authorized agent should complete this form.**

ATTACH VOIDED CHECK HERE (NO COUNTERCHECKS)