



A global leader in providing technology enabled business solutions and services

**AUTHORIZATION AGREEMENT FOR ELECTRONIC WIC PAYMENTS via ACH
(CONFIDENTIAL)**

Georgia WIC Program Vendors:

Please complete this form to authorize CSC to make electronic payments for certain returned check charges. Verify your bank routing number and account number with your financial institution. Attach a voided check from the account into which electronic deposits are to be made.

Fax this form & a copy of the voided check to:

CSC
Attn: Beth Vaughn
Fax: (913) 469-5814

OR

Mail this form & the voided check to:

CSC, Attn: Beth Vaughn
10975 Grandview, Bldg. 27
Suite 500, Box #11
Overland Park, KS 66210

WIC Vendor ID No: _____ WIC Vendor Store Name: _____

WIC Vendor e-mail address: _____
(for electronic statements)

WIC Vendor Contact Name: _____

Financial Institution:

Name: _____ (50 characters)

Bank Routing Number: _____ (9 characters)

Bank Account Number: _____ (25 characters)

Address 1: _____ (50 characters)

Address 2: _____ (50 characters)

City: _____ (50 characters) State (Abbr.): _____ (2 characters) Zip Code: _____ (5-9 characters)

The individual signing this form certifies that s/he is authorized to provide bank routing and account numbers on behalf of the WIC vendor and that the information provided is true and correct.

_____/_____/2014
Signature of Authorized Representative (no initials) Date of Signature

Printed Name of Representative (no initials): Title of Representative

Phone Number: (_____) _____-_____