Covansys
FROM THE INSIDE OUT℠

Form GACH rev 11/06

AUTHORIZATION AGREEMENT FOR ELECTRONIC WIC PAYMENTS via ACH (CONFIDENTIAL)

Georgia WIC Program Vendors:

Please complete this form to authorize Covansys to make electronic payments for certain returned check charges.

Please attach a voided check or deposit ticket from the account into which electronic deposits are to be made. Verify your bank routing number and account number with your financial institution.

WIC Vendor ID Number _____ WIC Vendor Store Name _____

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

WIC Vendor Attention _____

Financial Institution

Name _____ (50 characters)

Bank Routing Number _____ (9 characters)

Bank Account Number _____ (25 characters)

Address 1 _____ (50 characters)

Address 2 _____ (50 characters)

City _____ (25 characters)

State Abbr ____ (2 characters) Zip Code _____ (5 or 9 characters)

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

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

Printed Name (no initials) _____ Title _____

Phone Number _____

Forward completed form to:

CSC
7701 College Blvd, Suite 200
Overland Park, KS 66210
Attention: Beth Vaughn
Fax number is (913) 469-5814.

ATTACH VOIDED CHECK OR DEPOSIT TICKET HERE