



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:

Attn: Office of Vendor
Management
Fax: (404)657-2910
1(866)814-5468

OR

Mail this
form & the
voided
check to:

WIC Office of Vendor Management
Georgia Dept. of Public Health
2 Peachtree Street, NW – 10th Floor
Atlanta, Georgia 30303

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.

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

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

Phone Number: (_____) _____ — _____