

Division of Community Nutrition

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)**

(Please check only one)

\_\_\_\_\_ New Form

\_\_\_\_\_ Correction/Change

WIC  
IDENTIFICATION  
NUMBER \_\_\_\_\_

STORE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

CORPORATE CODE: \_\_\_\_\_ (WIC Use Only – Do Not Complete this section)

**Additional Retailer Specific Information and Acknowledgement Section:**

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

DEPOSITORY BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**ROUTING** **ACCOUNT**  
**NUMBER:** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

BANK TELEPHONE NUMBER: ( ) \_\_\_\_\_

*Please verify your routing and account number with your bank or corporate office before completing this section. Savings accounts are ineligible for ACH transactions.*

This authorization is to remain in full force and effective until the State Agency has received written notification from me of its change and/or termination. \* Only the store manager, owner or an authorized agent should complete this form.

AUTHORIZED AGENT\*:

(PLEASE PRINT)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Attach a blank voided check, this agreement may not be processed without a blank voided check, deposit slips are not acceptable and savings accounts are ineligible.
2. Keep a copy of this form and attachments and file in your Virginia WIC Manual.

**FAX to (804) 864-7851 or Mail Completed Form to:**

VDH-Division of Community Nutrition

109 Governor Street, 8th Floor, Richmond, VA 23219