

New York State WIC Program Bank Designation Notification

WIC PROGRAM USE ONLY

New Vendor Update

VMA Number:

Application Location ID:

WIC Vendor Number:

Contract Begin Date:

SECTION 1 To Be Completed by Vendor

Corporate or Owner(s) Name:

Trade Name:

Street Address:

Mailing Address:

City:

State:

Zip:

Phone Number: ()

Federal Employer Identification Number:

Principal's Name(s) (Last, First, M.I.)

Title

List all other individuals authorized to make bank transactions:

If the account of deposit is the **SAME** as the account of reimbursement, the bank completes only SECTION 2A.
If the bank accounts are **DIFFERENT**, both SECTION 2A **AND** SECTION 2B **MUST** be completed by the appropriate banks.

▶ **A voided check(s) or an original bank letter(s) confirming the account(s) and router number(s) MUST be attached.** ◀

I certify that the above information is true and correct. (Signature must be one of the individuals listed as principal.)

Signature:

Date:

SECTION 2 To be Completed by Bank

SECTION A

Bank of Deposit

SECTION B

Bank of Reimbursement

Name of Bank:

Name of Bank:

Street Address:

Street Address:

City:

State:

Zip:

City:

State:

Zip:

Bank Account Number:

Bank Account Number:

Router/Transit Number:

Router/Transit Number:

Bank Representative's Name:

Bank Representative's Name:

Title:

Title:

Phone number:

Phone number:

As a representative of the above named financial institution, I certify that the above bank account number and the router/transit number are correct.

As a representative of the above named financial institution, I certify that the above bank account number and the router/transit number are correct.

Bank Representative Signature:

Bank Representative Signature:

Date: / /

Date: / /