Maryland WIC

Change of Bank Account

VENDOR / STORE NAME INFORMATION

WIC Vendor ID #: _____

Store Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zipcode: _____

Contact phone #: _____

VENDOR CORPORATE OFFICE / BILLING INFORMATION (If different from above)

Store Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zipcode: _____

NEW BANKING INFORMATION

Bank account must be able to receive ACH deposits.

❍ Change of Bank

❍ Change of Account Number only

Bank Name: _____

Bank Address: _____

Bank Routing (ABA) Number: | | | | | | | | | |

9 digit number on micro encoding line of deposit slip preceeded and followed by 3 markings

Account Number: _____

Effective Date: _____

I authorize the Maryland WIC Program to update my records to reflect the changes above for depositing checks.

_____ _____

Signature Title

_____

Date

RETURN COMPLETED FORM BY MAIL OR FAX:

Mail: Maryland WIC Program
201 W. Preston Street, 1st Floor
Baltimore, MD 21201

Fax: 410-333-5683

REV1015