

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
MARYLAND WIC PROGRAM

WIC VENDOR CONTROL FORM

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VENDOR/STORE INFORMATION

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

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

FEDERAL TAX ID# OR SOCIAL SECURITY#: \_\_\_\_\_

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VENDOR CORPORATE OFFICE/BILLING INFORMATION

(If different from above)

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

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

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VENDOR BANKING INFORMATION (Bank account where WIC vouchers will be deposited)

BANK NAME OF DEPOSIT: \_\_\_\_\_

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

BANK ROUTING (ABA) NUMBER: \_\_\_\_\_

9 digit number on micro encoding  
line of deposit slip preceded and  
followed by three markings

ACCOUNT NUMBER OF DEPOSIT: \_\_\_\_\_

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

If form submitted electronically, it must be digitally signed.

DHMH 01/11

Submit