DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND WIC PROGRAM

WIC VENDOR CONTROL FORM

VENDOR/STORE INFORMATION

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

STATE: _____ ZIPCODE: _____

FEDERAL TAX ID# OR SOCIAL SECURITY#: _____

VENDOR CORPORATE OFFICE/BILLING INFORMATION

(If different from above)

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

STATE: _____ ZIPCODE: _____

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