



## Alaska WIC Vendor Banking Information Form

Please complete all fields below and submit electronically to [wic@alaska.gov](mailto:wic@alaska.gov) or mail to:

State of Alaska Department of Health & Social Services  
Division of Public Assistance  
Nutrition Services – WIC  
PO Box 110612  
Juneau, Alaska 99811-0612

WIC Vendor Number (stamp number): \_\_\_\_\_

Store Name: \_\_\_\_\_

### Bank Information

Bank Name & Branch: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (9 digits)

Bank Account Number: \_\_\_\_\_

### Your Contact Information for Receiving Bank Transaction Reports

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_