**Virginia WIC Program**

**Retailer eWIC Settlement Authorization Form**

###### **WIC ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Legal Business Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizes ACS and its designated financial institution, Wells Fargo, and the financial institution listed below to deposit reimbursement funds to and debit from (equipment) the indicated account for activity related to the Commonwealth of Virginia’s WIC Program subject to the terms of the Retailer Agreement.

**Step 1: Choose () One:**  **First Submission**  **Change in Banking Info**

**Step 2: Choose () One:**  **Business**  **Individual**

**Step 3: Complete Retailer Information and Payment Method:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA (Business/Retailer Store Name) **Payment Method – Direct Deposit**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Please see additional information in Step 4 below)**

Authorized Individual Name

**Account Type – Checking Only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title **ABA Bank** **Routing Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

**Account Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

**Step 4: For checking accounts:**

* **Attach a blank/voided check, deposit slips CANNOT be accepted as a form of proof.**
* **You may also enclose a letter from your bank with the Routing and Account Number information printed on it.**

**NOTE: Failure to follow directions in Step 4 MAY result in funds being rejected or deposited into the wrong account.**

**Step 5: Return completed form to:**

**NOTE: For security purposes, it is suggested you return the completed paperwork via registered mail to:**

ACS State & Local Solutions, Inc.

National Retail/Vendor Management Center

P.O. Box 80469, Austin, TX 78708

***Questions? Contact us at: (866) 217-1076***