



2023 S/FMNP BANKING INFORMATION FORM

Send completed form to:
State of Alaska Department of Health
Division of Public Assistance
Nutrition Services – WIC
PO Box 110612
Juneau, Alaska 99811-0612

Instructions: Please send the information requested below with your S/FMNP Application packet.

WIC Farmer Number (listed on FMNP Agreement, leave blank if new to program): _____

Farmer Name: _____

Bank Information

Bank Name & Branch: _____

Name Registered on Account: _____

Bank Routing Number: _____ (9 digits)

Bank Account Number: _____

Your Contact Information for Receiving Bank Transaction Reports

Contact Person: _____ Title: _____

Contact Phone Number: (_____) _____ - _____

Contact / Farm Email Address: _____

Mailing Address: _____

Physical Address: _____

Authorized Signature: _____ Date: ____ / ____ / ____

Printed Name: _____