



## Alaska Vendor Banking Information Form

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

State of Alaska  
DHSS – DPA – WIC  
PO Box 110612  
Juneau, Alaska 99811-0612

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WIC Vendor Number (*leave blank if applying as a new vendor*): \_\_\_\_\_

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

### Bank Information

(*please write clearly as this will affect your store's ability to receive reimbursements*)

Name Registered on Bank Account: \_\_\_\_\_

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

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

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

### Contact information

(*this information is used to discuss banking related issues and to receive bank transaction reports*)

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

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

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

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

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

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_