



Alaska Vendor Banking Information Form

Please complete all fields below and submit electronically to doh.dpa.wic@alaska.gov or mail to:

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

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: ____ / ____ / ____