

**EFT FORM**

This form will allow the Wyoming WIC Program to deposit money to reimburse the store for authorized WIC sales. The WIC Program cannot withdrawal money from the account.

Please return this form along with a voided check (copy or original) or a letter from your financial institution.

Select one:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Update Banking Information	
This should go into effect:	<input type="checkbox"/> Immediately	<input type="checkbox"/> Date:	
<b>Store Information</b>			
Legal Business Name:			
Physical Address:			
	City:	State:	Zip:
<b>Financial Institution Information</b>			
Name:			
Address:			
	City:	State:	Zip:
ABA Routing Number:			
Account Number:			
Account Type (Check One):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
<b>Contact Information</b>			
Contact Name:			
Contact Title:			
Phone Number:			
Email:			
<b>Signature</b>			
By signing below I certify that I am authorized to make financial and/or legal decisions for this entity.			
Signature:		Date:	
<b>FOR WY WIC PROGRAM USE ONLY:</b>			
Completed by:		Date:	