

**WIC VENDOR EBT SETTLEMENT
AUTHORIZATION FORM**

WIC Vendor Number: _____

(Full Legal Business Name)

Authorizes CONDUENT and its designated financial institution and the financial institution listed below to transfer funds and make correcting debit adjustments, when needed, to the indicated business account for activity related to the State's WIC Program subject to the terms of the Vendor Agreement.

Choose (☐) One

Initial Agreement Change in Banking Info

Business Information:

d/b/a (If doing business under another name or a trade name; write that name here.)

Address _____

City/State/Zip _____

Telephone Number _____

Printed Name _____

Home Address _____

City/State/Zip _____

Home Telephone Number _____

By: (Signature of Owner or Authorized Personnel) _____

Title (Owner or Officer) _____

Settlement Cut-off time: ___:___ am/pm
CST, EST, MTP, PST Time Zone (circle one)

**ATTACH VOIDED CHECK IN THIS BOX OR ENCLOSE A LETTER
FROM YOUR BANK WITH ROUTING & ACCOUNT # INFORMATION**

WIC Vendor 123 Main St Anytown, USA 12345	2372
	Date _____
Pay to the Order of _____	\$ _____ Dollars
XYZ Bank City, USA	VOID
For _____	
:123789789:987654321:2372	

Please return completed form to:
 Conduent State and Local Solutions, Inc.
 National Retail Management Center
 PO Box 80469, Austin, TX 78708
 Contact us at: AustinEBT@conduent.com or (800) 222-7757