



State of Alaska, DHSS
Division of Public Assistance, Family Nutrition Program/WIC
130 Seward Street, Rm 508, Juneau, AK 99801

Attn: Farmers Market Program Coordinator

Ph (907) 465-3100

2009 WIC FMNP Banking Information Form

Please send the information requested below with your WIC FMNP Application and Agreement by March 23, 2009 at the latest. This information may be mailed to the address at the top of the cover letter or faxed to (907) 465-3416.

WIC Farmer Number: _____ Farmer Name: _____

Bank Routing Number: _____ *(9 digits)*

Bank Account Number: _____

Bank Name: _____

Contact and Address for Mailing Bank Transaction Reports:

Street/PO Box: _____

City/State/Zip: _____

Contact Person: _____ Title: _____
(for Bank and/or WIC Redemption Information)

Signature: _____ Date: _____