



State of Louisiana
Louisiana Department of Health
Office of Public Health

ACH Agreement

This agreement is entered into between State of Louisiana, Louisiana Department of Health, Office of Public Health, Center for Community and Preventive Health, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), hereinafter referred to as "Louisiana WIC" and _____, hereinafter referred to as the "Vendor". This agreement is effective on

Vendor Name and Number

_____ and applies to the bank account(s) selected below.

Date

Vendor authorizes Louisiana WIC to pay for services and obligations enumerated in the WIC Vendor Agreement using the ACH Network. Generally, these payments will be in the form of ACH credits to the Vendor's account. Vendor authorizes Louisiana WIC to originate debit entries without notice to correct erroneous credits. Vendor also authorizes Louisiana WIC to refund all transaction reimbursements using the ACH Network. No entry, payments, and/or reimbursements shall be initiated except in conformity with the authorization provided for in this agreement. Louisiana WIC and Vendor agree to comply with all applicable state and federal laws and regulations including, but limited to; any National Automated Clearing House Rules. Louisiana WIC and Vendor further agree that neither party will initiate or transmit any entry and/or payments that violate the laws of the United States, including, but not limited to; any laws related to economic or trade sanctions administered or enforced by the Office of Foreign Asset Control (OFAC).

Either party may terminate this agreement at any time by giving thirty (30) days written notice to the other party. Notwithstanding such termination, this agreement shall remain in force and effect as to all transactions that have occurred prior to the date of the termination.

Authorized Person's Name and Title

Signature of Vendor

Date

Identify the bank account into which all payments and/or other reimbursements should be credited, using an accurate routing and account number, as verified by the bank or corporate office. If the Vendor would like EBT payments to be credited to an account that is different from the account identified in *Number 1*, complete *Number 2, EBT Account information*.

Vendor Banking Information

1. Account Information for Payments and/or other Reimbursements

Financial Institution Name: _____

Address: _____

City, State, Zip: _____

Type of account: _____

Routing #: _____ Account #: _____

Company Authorized Signature: _____

Date: _____

2. EBT Account Information (if applicable)

Financial Institution Name: _____

Address: _____

City, State, Zip: _____

Type of account: _____

Routing #: _____ Account #: _____

Company Authorized Signature: _____

Date: _____