

INTER TRIBAL COUNCIL OF ARIZONA WIC PROGRAM

Vendor Notice of Change

Please submit this form 30 days prior to change.

Vendor Name/Number: _____ Vendor ID# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Effective Date: _____

Type of Change:

<input type="checkbox"/> Store Name Change	New Name: _____
<input type="checkbox"/> Mailing Address Change	New Mailing Address: _____ City: _____ State: _____ Zip Code: _____
<input type="checkbox"/> Telephone or Fax Change	New Phone Number: _____ New Fax Number: _____
<input type="checkbox"/> Store Contact Change	New Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Other Number: _____
<input type="checkbox"/> Bank Account Information	Bank Name: _____ New Account Number: _____ New Routing Number: _____ Effective Date: _____

Please mail form to:

ITCA WIC Program
Attn: Crystalina Corona, Vendor Coordinator
2214 N. Central Avenue, Suite 100
Phoenix, AZ 85004

You may also fax to:

602-258-4825
Attn: Crystalina Corona, Vendor Coordinator

Or email to:

crystalina.corona@itcaonline.com