



**NUTRITION SERVICES - WIC PROGRAM**

**VENDOR MANAGEMENT AND OPERATIONS UNIT**

Date: \_\_\_\_\_

I, \_\_\_\_\_ give the Texas Department of State Health Services Food Issuance and Redemption Services Unit (WIC) permission specifically to add the DSHS Payee ID#, WIC Account Number and Outlet Number to the Vendor Agreement, Vendor Profile, Child Support Affidavit and LEB Declaration Forms.

WIC Account Number \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_