WIC Nutrition Program
286 Water Street
Augusta ME 04333
Tel. (207) 287-3991
Fax. (207) 287-3993

WIC Check Appeal Request

All fields must be completed or check appeal will be denied. Mail completed form, check, and matching register receipt. **Remember to always keep a photocopy of all items being mailed, including the check.**

To: **WIC Nutrition Program, Vendor # 11 State House Station, 4th FL Augusta, Maine 04333-0011**

Send the following to the Maine CDC, WIC Nutrition Program:

- ❑ **WIC check Appeal Request** form
- ❑ **WIC check** Legal WIC check copy
- ❑ **Receipt** Copy of the original receipt or journal transaction report verifying the correct WIC transaction procedures

The Maine CDC, WIC Nutrition Program is not responsible for any bank charges, returned checks or other fees charged to the vendor that result from the non-payment of WIC checks. Vendors may not recover any bank charges from the WIC program, or from WIC participants or their proxies.

Vendor Stamp Number Below

WIC VENDOR INFORMATION

Business Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Store Manager/WIC Contact _____ E-mail address: _____

Name of person filing this form: _____ Date: ____ / ____ / ____

WIC check Information

WIC Check Number: _____ Bank Rejection Reason: _____

Justification — Attach Receipt

_____

_____

_____

_____

WIC USE ONLY

☐Approved ACH Record#: _____ Letter Sent☐ Denied☐

Payment Justification: _____

_____

Processor: _____ Date: ____ / ____ / ____

For questions contact us at:
Ph.: 1-800-437-9300 or E-mail: WIC.Maine@Maine.gov

For Resources visit: Maine.gov\WIC