

VENDOR RESIGNATION FORM

VENDOR NUMBER: _____

STORE NAME: _____

STREET: _____

CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____

PHONE: (304) _____

The above named vendor does hereby notify the West Virginia WIC Program of his/her intention to terminate participation as an active vendor and will not accept WIC drafts as of _____. The reason for termination is:

Vendor must deposit all drafts within ten (10) days of above stipulated date for payment consideration. Vendor must return vendor stamp immediately after last date of WIC business - failure to do so could result in payment delays.

Vendor Resignation will not be accepted as a means to avoid mandatory training, sanction point assessment, and/or disqualification. Further, any sanctions assessed to the vendor will remain with the vendor throughout the period of the current contract and will be reinstated and be part of the vendor's aggregate sanction point total should vendor regain authorization as a WV WIC Vendor within this aforementioned contract period.

VENDOR SIGNATURE

DATE

**BUREAU FOR PUBLIC HEALTH
OFFICE OF NUTRITIONAL SERVICES
WEST VIRGINIA WIC PROGRAM
VENDOR MANAGEMENT UNIT
ROOM 519
350 CAPITOL STREET
CHARLESTON, WEST VIRGINIA 25301-3717**