



## 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 NUTRITION SERVICES  
WEST VIRGINIA WIC PROGRAM  
FARMER AND RETAILER MANAGEMENT  
DIVISION  
350 CAPITOL STREET  
ROOM 515  
CHARLESTON, WEST VIRGINIA  
25301-3717**