



*Georgia Department of Public Health*

# WIC Banking Technical Assistance

Presentation to: Vendor Advisory Forum

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Date: December 8, 2015



*We Protect Lives.*

# WIC Banking

- WIC Banking is the tool used in processing, researching, and viewing check images.
- Vendors are able to log into the site and utilize different aspects of the site for payment and processing details.

# WWW.WICBANKING.COM

Enter **User Name** and **Password** (provided by Georgia WIC)

**WIC Banking**

**CSC**

Welcome to the CSC WIC Banking Service. If you are a registered user, please login to the right.

- Find out more about CSC
- United Community Bank
- Become a Registered User

To contact CSC WIC Banking Support, please email [WICSupport@csc.com](mailto:WICSupport@csc.com)

**Registered Users**

User Name

Password

**Log In**

**Forest Stevens**  
Product Manager  
800.766.7909 ext. 2028  
[fstevens4@csc.com](mailto:fstevens4@csc.com)

**Sean Dyches**  
Account Manager  
800.766.7909 ext. 2035  
[sdyches@csc.com](mailto:sdyches@csc.com)

**Beth Vaughn** (Georgia vendors only)  
Sr. Consultant  
800.766.7909 ext. 2958  
[evaughn4@csc.com](mailto:evaughn4@csc.com)

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# Access ACH Statement

- Identify desired month (in drop-down box).

**WIC Banking** **Georgia**<sub>DPH</sub>  
**ACH Statement**

▶ ACH Statement  
User Administration  
FAQ's  
[Log Out](#)

Subset Criteria

Display ACH Statement for month of: **September, 2014** ▼

Processing Totals

Download	PDF	Date ▲	Distinct Requests	Transaction Amount	Failure Reason
		09/02/2014	1	\$8.00	
		09/04/2014	1	\$12.00	
		09/06/2014	2	\$28.00	
		09/10/2014	2	\$21.00	
		09/15/2014	1	\$9.00	
		09/17/2014	8	\$491.00	
		09/19/2014	13	\$683.00	
		09/22/2014	10	\$566.00	
Total			38	\$1,818.00	

Download or obtain a .pdf of the ACH statement for a particular date

WIC Banking

Georgia<sub>DPH</sub>  
ACH Statement

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Total			38	\$1,818.00	

**Transaction Amount** – the total amount paid to the vendor on the ACH Statement.

# ACH Statement

Store Name and Number

BANK:  
R/T:  
ACCOUNT:  
ACH DATE:

Bank Name  
Routing Number  
Account Number  
ACH Date

CHECK NUMBER	VENDOR NUMBER	REQUEST AMOUNT	ACH AMOUNT	ORIGINAL REASON	REJECT REASON	REASON FOR PAYMENT DECISION
		\$22.02	\$18.00	Amount Exceeds Limit	Pay Via	State Approved Payment
		\$11.35	\$10.00	Amount Exceeds Limit	Pay Via	State Approved Payment
						Paid in Full                      0              \$0.00 Partial Payment                    2              \$28.00 Non - Payment                      0              \$0.00
Vendor Summary for						Transaction Sub Total                      \$28.00
						Paid in Full                      0              \$0.00 Partial Payment                    2              \$28.00 Non - Payment                      0              \$0.00
Corporate Parent Summary for						Transaction Total                      2              \$28.00

Store Name and Number

Corporate Name

Covansys has teamed with the Georgia WIC to provide banking services for the WIC Program. The electronic transfer of funds from GA WIC will originate with United Community Bank, and reporting will be done by Covansys.

# Helpful Tips

- Access [www.wicbanking.com](http://www.wicbanking.com) on a regular basis.
- Understand the ACH statements
  - Use them as a tool to track rejections or to see what is being rejected
  - Make the necessary adjustments to your pricing structure

# Changes in ACH

- Please complete and submit an updated ACH form along with a voided check (if applicable) to your Vendor Consultant.



A global leader in providing technology enabled business solutions and services

## AUTHORIZATION AGREEMENT FOR ELECTRONIC WIC PAYMENTS via ACH (CONFIDENTIAL)

Georgia WIC Program Vendors:

Please complete this form to authorize CSC to make electronic payments for certain returned check charges. Verify your bank routing number and account number with your financial institution. Attach a voided check from the account into which electronic deposits are to be made.

Fax this form & a copy of the voided check to:

Attn: Office of Vendor Management  
Fax: (404)657-2910  
1(866)814-5468

OR

Mail this form & the voided check to:

WIC Office of Vendor Management  
Georgia Dept. of Public Health  
2 Peachtree Street, NW – 10<sup>th</sup> Floor  
Atlanta, Georgia 30303

WIC Vendor ID No: \_\_\_\_\_ WIC Vendor Store Name: \_\_\_\_\_

WIC Vendor e-mail address: \_\_\_\_\_  
(for electronic statements)

WIC Vendor Contact Name: \_\_\_\_\_

**Financial Institution:**

Name: \_\_\_\_\_ (50 characters)

Bank Routing Number: \_\_\_\_\_ (9 characters)

Bank Account Number: \_\_\_\_\_ (25 characters)

Address 1: \_\_\_\_\_ (50 characters)

Address 2: \_\_\_\_\_ (50 characters)

City: \_\_\_\_\_ (50 characters) State (Abbr.): \_\_\_\_\_ (2 characters) Zip Code: \_\_\_\_\_ (5-9 characters)

The individual signing this form certifies that s/he is authorized to provide bank routing and account numbers on behalf of the WIC vendor and that the information provided is true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Authorized Representative (no initials) Date of Signature

\_\_\_\_\_  
Printed Name of Representative (no initials): Title of Representative

Phone Number: (\_\_\_\_\_) \_\_\_\_\_



# Questions

