

Key areas on front of the WIC check:

- 1 **First Day to Use Date.** The WIC check may not be used before this date.
- 2 **Last Day to Use Date.** The WIC check may not be used after this date.
- 3 **Amounts and Types of Foods to be Purchased.** The WIC customer may not substitute any other food or formula for the ones listed on the front of the check.
- 4 **Pay Exactly Box.** The cashier writes in the exact price for the WIC foods. The cashier must obtain the authorized signature after the “Pay Exactly” box is completed.
- 5 **Name of the WIC participant.** The person for whom the WIC foods are prescribed. In many cases, this will be a different name than the person authorized to sign the WIC check.
- 6 **Authorized Signature.** The signature of the person signing the front of the WIC check must match the signature of either the authorized representative, co-caretaker, or proxy signature shown on the front of the WIC ID card. The bank will not pay for a WIC check without the authorized signature.
- 7 **WIC Vendor Stamp.** The WIC store must place the WIC vendor stamp here before the check is deposited. The bank will not pay for a WIC check without the stamped vendor number.

WIC customers can buy only the foods and amounts listed on the front of their WIC checks. Here is an example of the front of the WIC check.

DEPARTMENT OF HEALTH			FLORIDA WIC PROGRAM DEPARTMENT OF HEALTH		00001001	
CHECK NUMBER	AGENCY SITE	WIC I.D. NO.	1	FIRST DAY TO USE	2	LAST DAY TO USE
00001001	12 1	1234567		JUL 04, 2008		AUG 03, 2008
BUY LEAST EXPENSIVE BRANDS OF MILK, FROZEN JUICE AND EGGS. (SEE BACK FOR ELIGIBLE FOODS)						AMOUNT MUST NOT EXCEED TOTAL PRICE OF ITEMS LISTED
161	MILK*2 GAL OR 8 CANS EVAP OR 8 QTS DRY WIC CHEESE*UP TO 1 LB JUICE*24 OZ FROZ OR 2 CANS/BOTTLES 46-OZ SIZE WIC CEREAL*UP TO 36 OZ EGGS*1 DOZEN DRY BEANS OR PEAS*UP TO 1 LB				7	
						NOT NEGOTIABLE UNLESS WIC VENDOR STAMP IS HERE
3						4
						PAY EXACTLY
						31 16
						VENDOR MUST DEPOSIT WITHIN 45 DAYS OF FIRST DAY TO USE
5			NAME OF PARTICIPANT		AUTHORIZED SIGNATURE - PRESENT I.D.	
LAST			FIRST		6	
PARTICIPANT			PATTY		Patty Participant	
CAPITAL CITY BANK, TALLAHASSEE, FLORIDA						
* 0000 1001 0063 1006888 01 18553 7101						

Treat WIC checks like cash—they cannot be replaced if lost or stolen.